

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

PRINTED: 12/13/2012
FORM APPROVED
OMB NO. 0938-0391

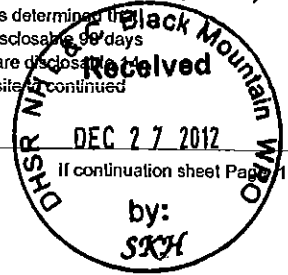
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2012
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NAME OF PROVIDER OR SUPPLIER PINEVILLE REHABILITATION AND LIVING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134
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F 314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident, staff and physician interviews, and record review, the facility failed to provide heel protectors for 1 of 3 sampled residents (Resident #101).</p> <p>The findings are:</p> <p>Resident #101 was admitted to the facility on 9/21/12 with diagnoses which included peripheral vascular disease and recent left intertrochanteric femur fracture.</p> <p>Review of Resident #101's admission Minimum Data Set (MDS) dated 10/1/12 revealed the Resident had the ability to understand others, was able to make self understood with moderately impaired cognition. Resident #101 required the assistance of one person with transfers and did not walk.</p> <p>Review of Resident #101's care plan dated 10/1/12 revealed a problem of potential for skin integrity impairment Interventions included</p>	F 314	<p>F 314</p> <p>It is the policy of Pineville Rehabilitation & Living Center that based on comprehensive assessment of a resident, we ensure a resident who enters the facility without a pressure sore does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Pineville Rehabilitation & Living Center has an established policy regarding treatment/services to prevent/heal pressure sores.</p> <p>The resident who was not provided heel protectors is receiving the necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>In addition, all residents have been evaluated for the need of a heel protection program and implemented as appropriate.</p> <p>All nursing staff have educated on the policies related to treatment/services to prevent/heal pressure sores.</p>	12/14/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Danella G. Locklear, LNA TITLE: Administrator (X6) DATE: 12/20/2012

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 disclosed 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 disclosed 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite for continued program participation.



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F 314	<p>Continued From page 1</p> <p>weekly skin checks, reposition every two hours, assist with skin care, minimize pressure on bony prominence, and use of pillow for positioning.</p> <p>Review of a nursing note dated 10/15/12 revealed a description of Resident #101's left heel as boggy with discoloration and a fluid filled blister which measured 3.5 centimeters (cm) by 5 cm. The note indicated resident instruction to wear heel protectors and keep heels off of the mattress.</p> <p>Review of the facility's pressure ulcer investigation report dated 10/15/12 revealed recommendations to apply heel protectors, float heels and elevate legs on pillows. The report indicated Resident #101 was noncompliant with leg elevation.</p> <p>Review of the wound physician's initial evaluation dated 10/17/12 revealed an unstageable Deep Tissue Injury (DTI) of the left heel which measured 5.0 cm by 5.0 cm with a not measurable depth. The physician documented an etiology of pressure.</p> <p>Review of the 30 day MDS dated 10/24/12 revealed Resident #101 developed one unstageable DTI after admission.</p> <p>Review of the wound physician's evaluations dated 10/31/12 and 11/7/12 revealed healing of the left heel DTI with unchanged dimensions. The physician documented an etiology of pressure.</p> <p>Review of Resident #101's updated care plan dated 11/9/12 revealed impairment of skin integrity manifested by DTI with the added</p>	F 314	<p>The new admission/re-admission procedures have been revised and implemented. Upon admission, all residents that are high risk for skin breakdown due to recent immobility during a hospital stay will be provided heel protectors and will be educated on the importance of wearing them as a preventive measure for a two week time period. Their heels will be monitored during this time period. If any sign of heel breakdown is noted during this 2 week time period, the heel protection procedure will be extended.</p> <p>Furthermore, all residents in the facility will receive a weekly skin check. If any sign of breakdown is noted, the heel breakdown prevention plan will be implemented. All nursing staff have been educated on the revised procedures. The Leadership Nursing Team, including the Wound Nurse, will monitor this on a working day basis, during the daily Quality Assurance meeting, for a period of 6 months to ensure compliance.</p> <p>In addition, the Leadership Nursing Team will perform random checks on admissions and on weekly skin checks to ensure compliance. The Leadership Nursing Team will perform a minimum of 3 random checks per week. The Leadership Nursing Team will submit a written report to the Administrator on a weekly basis for a period of 6 months to ensure compliance.</p>		

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F 314	<p>Continued From page 2</p> <p>interventions of treat as ordered, monitor medication effect, monitor use of skin protective devices, notify MD (Medical Doctor) as needed, and lotion extremities with care.</p> <p>Review of the wound physician's evaluation dated 11/17/12 revealed healing of the left heel DTI with unchanged dimensions of 5.0 cm by 5.0 cm with a not measurable depth. The physician documented an etiology of pressure.</p> <p>Review of the wound physician 's evaluation dated 11/28/12 revealed improvement of the left heel and measurements of 1.5 cm by 2.0 cm with a not measurable depth. The physician documented an etiology of arterial.</p> <p>Review of Resident #101's undated care guidelines posted on the inside door of the wardrobe revealed the Resident used a walker with partial weight bearing on the left leg. Resident #101 required the assistance of one person with transfers. There were no directions for heel protection or pillow positioning.</p> <p>Observation of Resident #101 on 11/28/12 at 8:35 AM revealed nonskid socks on both feet. Resident #101 self propelled in a wheelchair and placed both heels on the floor during locomotion. Resident #101's feet did not touch the floor when stationary.</p> <p>Interview with Resident #101 on 11/28/12 at 8:38 AM revealed she tried to keep pressure off of her "bad heel" by using her arms to propel the wheelchair but frequently had to use her feet.</p> <p>Observation on 11/28/12 at 10:35 AM revealed</p>	F 314	The Administrator will report findings to the Quality Assurance Committee on a quarterly basis for a period of 6 months.		

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F 314	<p>Continued From page 3</p> <p>Resident #101 used both heels to self propel the wheelchair.</p> <p>Interview with the wound physician on 11/28/12 at 10:43 AM revealed Resident #101 should keep pressure off of the left heel. The wound physician explained it would be difficult to determine the origin of the DTI. The wound physician reported Resident #101's left leg swelling and impaired circulation contributed to the DTI.</p> <p>Interview with Nurse #2, the wound nurse, on 11/28/12 at 10:48 AM revealed Resident #101 should wear a foam boot. During the interview, Nurse #2 asked Resident #101 of the location of her boot. Resident #101 shrugged and replied she did not know. Nurse #2 exited the room.</p> <p>Observation on 11/28/12 at 10:50 AM revealed Resident #101 used both heels to self propel the wheelchair. Resident #101 wore nonskid socks on both feet.</p> <p>Interview with Nurse Aide (NA) #1 on 11/28/12 at 11: 35 AM revealed Resident #101 always wore socks and used the wheelchair independently. NA #1 reported Resident #1 did not require any protection for heels.</p> <p>Interview with NA #2 on 11/28/12 at 3:14 PM revealed Resident #101 could not put full weight on the left leg but there were no directions related to the heels. NA #2 reported she thought the Resident used a foam boot in the past but was not certain.</p> <p>Observation on 11/28/12 at 3:26 PM revealed Resident #101 used both heels to self propel the</p>	F 314		

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F 314	<p>Continued From page 4</p> <p>wheelchair. Resident #101 wore a soft sandal on the left foot.</p> <p>Observation on 11/29/12 at 8:15 AM revealed Resident #101 seated in a wheelchair with nonskid socks on both feet. Both heels rested on the bottom bar of the over the bed table.</p> <p>Interview with NA #1 on 11/29/12 at 8:27 AM revealed she assisted Resident #101 out of bed that morning. NA #1 reported Resident #101 did not use heel protectors or boots.</p> <p>Interview with Nurse #3 on 11/29/12 at 8:37 AM revealed there were no directions for heel protection for Resident #101.</p> <p>Interview on 11/29/12 at 8:39 AM with the physical therapy assistant (PTA) revealed Resident #101 used the sandal brought from the hospital during therapy sessions. The PTA reported Resident #101 should not put pressure on heels when self propelling in the wheelchair.</p> <p>Interview with MDS Nurse #1 on 11/29/12 at 10:26 AM revealed the protective devices and pillow positioning on the care plan meant "things like boots or what to float the heels off of the bed." MDS Nurse #1 explained the Resident's nurse aide would use the care guidelines posted in the room for direction for care of the heels. She was not able to provide information concerning the absence of heel protection on the care guidelines.</p> <p>A second interview with the wound nurse, Nurse #2 on 11/29/12 at 11:00 AM revealed she provided Resident #101 with a heel protector</p>	F 314		
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F 314	Continued From page 5 yesterday (11/28/12). Nurse #2 retrieved a heel protector from the bottom of Resident #101's wardrobe and placed it on Resident #101's left heel.	F 314			
F 329 SS=D	Interview with the Director of Nursing (DON) on 11/29/12 at 11:17 AM revealed she expected nursing staff to provide interventions to keep pressure off of Resident #101's heels. 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329	F 329 It is the policy of Pineville Rehabilitation & Living Center for each resident's drug regimen to be free from unnecessary drugs. Pineville Rehabilitation & Living Center has an established policy regarding drug regimen being free from unnecessary drugs. This policy includes the dosing of gels and creams. The resident who did not receive accurately dosed Voltaren Gel is no longer on this medication. In addition, all resident orders or creams/gels have been reviewed to ensure appropriate dosing is in place.	12/14/2012	

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F 329	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review and staff interviews, the facility failed to accurately dose Voltaren Gel, a topical non-steroidal anti-inflammatory drug (NSAID) for each application per manufacturer instructions and per Food and Drug Administration (FDA) guidelines for 1 of 10 sampled residents reviewed for unnecessary medications. (Resident #138)</p> <p>The findings include:</p> <p>A review of the FDA approved manufacturer's product insert under the dosage and administration included instructions to use proper amount of 1% Voltaren Gel with the help of an enclosed dosing card marked measuring 2 grams or 4 grams for each application to the affected part of the body.</p> <p>Resident #138 was admitted to the facility on 09/24/12 and the admitting diagnoses included left shoulder pain, low back pain, muscle weakness, status post fall and memory impairment. A review of the physician orders dated 11/12/12 included an order for "Voltaren (Diclofenac Sodium) 1% transdermal gel, apply to left shoulder q.i.d (four times daily) p.r.n (as needed) for 14 days".</p> <p>A continued review of the Medication Administration Records for the month of November 2012 revealed 20 doses were used topically from 11/13/12 to 11/26/12. The review did not reveal how much of the gel was ordered and how much was used during these applications.</p>	F 329	<p>All nursing staff have been educated on the policies related to dosing of Voltaren Gel and other creams/gels. This included the importance of making sure all cream/gel orders have an indicated dosage and that a dosing card is being used to dispense the cream/gel when appropriate. The Leadership Nursing Team, during their daily Quality Assurance Meeting, will monitor this on a working day basis for a period of 6 months to ensure compliance.</p> <p>Furthermore, our pharmacy has been contacted and will be monitoring all cream/gel orders received to ensure a dosage is indicated and that a dosing card is sent out when appropriate. The pharmacy consultant will monitor this on a monthly basis for a period of 6 months to ensure compliance.</p> <p>The Leadership Nursing Team will submit a written report to the Administrator on a weekly basis for a period of 6 months to ensure compliance.</p> <p>The Administrator will report findings to the Quality Assurance Committee on a quarterly basis for a period of 6 months.</p>		

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F 329	<p>Continued From page 7</p> <p>A review of the medication cart and the observation of the Voltaren gel for Resident #138 pharmacy label revealed that no dosing instruction or no dosing cards were enclosed. Nurse #4 was not aware of the accurate amount of gel to be used for Resident #138.</p> <p>An interview with Nurse #4 on 11/29/12 at 9:30 AM revealed that he squeezed some amount to the tip of his finger applied the gel to Resident #138's shoulder for pain relief. Nurse #4 stated that the nurse practitioner or the pharmacy had not provided any information on the quantity of gel to be used for each application.</p> <p>An interview on 11/29/12 at 3:13 PM, with the pharmacist at the provider pharmacy confirmed that the needed dosing card was not enclosed at the time of dispensing and no clarification was obtained related to the amount of gel used for each application.</p> <p>Further interview with the nurse practitioner on 11/29/12 at 4:34 PM confirmed that she missed to indicate the dosage of the medication but was aware that she should have put 2 grams for each application for upper extremity pains per manufacturer guidelines.</p>	F 329			