STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345489	A. BUILDING _____ B. WING _____	C 04/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SATURN NURSING REHAB CENTER	1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262

(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
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. This REQUIREMENT is not met as evidenced by: Based on observation, staff and nurse practitioner interviews, and record review, facility staff failed to assess a resident with complaint of pain for 1 of 4 residents reviewed for accidents (Resident #1). The findings included: Resident #1 was admitted 06/09/12. Diagnoses included alzheimer's dementia. Minimum Data Set dated 02/22/13 assessed the resident with severely impaired cognition, usually makes self understood, and understands others. The resident was assessed as non ambulatory. Review of incident report dated 02/01/13 at 2:00 PM revealed a family member informed Nurse #1 that earlier that morning Resident #1 was being propelled in her wheelchair by a therapist, and her right leg bent back under the wheelchair. Incident report stated "resident presents with raised area to right shin and to right side of the knee." Review of treatment encounter notes dated	F 309	Submission of this response to the Statement of Deficiencies by the undersigned does not constitute an admission that the deficiencies existed and/or were correctly cited and/or require correction. Resident # 1 was seen by NP and orders received and orders followed on 2/1/13. An audit of incident reports was completed by the DON and NHA as of 5/15/13. No other residents were found to be affected by the alleged deficient practice. All Nursing staff were re-educated as of 5/13/13 by the Director of Nurses regarding the need to assess residents and treat as indicated. Staff who were unavailable for the re-education will receive education prior to working. Newly hired nurses will be educated about the need for assessment and treatment at the time of hire by the Director of Nurses. An audit of incident reports will be completed	5/15/2013 5/15/2013 5/15/2013 5/15/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Angela Conrade, NHA — TITLE: Administrator — (X6) DATE: 5/16/13

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	Continued From page 1 02/01/13 revealed Resident #1 was transported to the therapy department by physical therapy assistant (PTA) #1 for 30 minute therapy session. PTA #1 progress notes revealed Resident #1 experienced buckling of bilateral lower extremities and complained of right lower extremity pain during therapy. Record review revealed the nurse practitioner was notified with new orders received. Review of xray results of the right tibia/fibula dated 02/01/13 revealed minimally displaced tibia/fibula fracture. Interview on 04/26/13 at 5:15 PM with PTA #1 revealed she transported Resident #1 in her wheelchair to her therapy session on 02/01/13. PTA #1 reported Resident #1 was transported routinely with her legs held up while staff pushed the wheelchair. PTA #1 stated Resident #1 planted her feet on the ground unexpectedly while she continued to push the wheelchair forward and both legs were bent back under the wheelchair. PTA #1 stated Resident #1 said "oh my leg." PTA #1 stated she stopped the wheelchair immediately and straightened the resident's legs out from under the wheelchair. PTA #1 stated she directed the resident to hold her legs up and continued to transport the resident to therapy. PTA #1 stated Resident #1 complained of right leg pain during therapy but stated she did not think anything of it because "she always complained of pain." PTA #1 stated she continued with the therapy session and then returned the resident to her unit and notified the nurse of the resident's complaint of pain. Interview on 04/23/13 at 2:40 PM with PTA #2 stated he assisted PTA #1 with Resident #1	F 309	Monday through Friday by the RCCS (Resident Care Coordinators) and Saturday and Sunday by the week-end supervisor. The RCC and/or Weekend Supervisor will report to the Director of Nurses daily any assessment not completed timely. The Director of Nurses will report to the QA&A committee the findings of these audits monthly x one year. The QA&A committee will evaluate these reports to determine the effectiveness of the plan each month and make changes as needed.	5/15/2013 5/15/2013

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F 309	Continued From page 2 during therapy on 02/01/13. PTA #2 stated he assisted with the resident's sit to stand exercises. PTA #2 stated the resident was unable to perform the exercises and was assisted back to her wheelchair. PTA #2 stated the resident moaned in pain with facial grimacing. PTA #2 stated PTA #1 moved the resident to another part of the therapy department to continue with other exercises. Review of Nurse #1 written statement (undated) revealed PTA #1 returned Resident #1 to the unit and reported the resident's complaint of right leg pain. Review of written statement revealed Nurse #1 was not notified of the incident with the wheelchair and complaint of right leg pain at the time of the incident. The written statement indicated Nurse #1 assessed Resident #1 when she returned to the unit and observed a raised area on the right leg with edema. The written statement indicated no complaint of pain with palpation. The resident was medicated for pain, and the nurse practitioner (NP) making rounds in the facility was notified. The written statement indicated Resident #1 was taken to the dining room for lunch but had poor intake. Meal intake was encouraged but the resident stated she was "hurting too bad to eat." Attempts to contact Nurse #1 were unsuccessful. Interview on 04/23/13 at 1:47 PM with the NP revealed she was notified and assessed Resident #1 on 02/01/13. The NP stated she assessed the resident with swelling to the right leg with pain to touch. The NP stated xray results confirmed right leg fracture and indicated osteoporosis. The NP stated she discussed treatment options with the family. The family decided to proceed with	F 309		

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F 309	Continued From page 3 conservative treatment and the resident was placed in an immobilizer with no hospitalization or surgical repair. An interview was conducted on 04/23/13 at 1:00 PM with the Administrator and Director of Nursing. Interview revealed all facility staff are expected to provide timely notification of any incident or change in condition to ensure prompt assessment and treatment as indicated.	F 309		