

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/27/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HALL NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 WARREN AVENUE KINSTON, NC 28502</b>		
(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=D	<p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></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 resident interviews, staff interviews, telephone interview with physician 's office and record reviews, the facility failed to provide ice packs as ordered by the physician for the left knee bursitis for 1 of 1 resident (Resident #2).</p> <p>Findings included:</p> <p>Resident #2 was admitted on 8/1/14 with cumulative diagnoses that included closed fracture of right humerus (bone on the upper arm), left knee bursitis (inflammation of a closed, fluid-filled sac that functions as a gliding surface to reduce friction between bones), probable right patellar (knee cap) fracture, restless leg syndrome and paralysis agitans (tremors).</p> <p>The admission Minimum Data Set (MDS) dated 8/15/14 showed Resident #2 had no cognitive impairments.</p> <p>In a record review of consultation reports, the resident went for an orthopedic consult follow up on 8/11/14 and 8/18/14. The report of consultation on 8/11/14 showed an order to " ice to left knee for bursa (a closed, fluid-filled sac that</p>	F 309	<p>Harmony Hall Nursing and Rehabilitation Center acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Harmony Hall's response to this statement of deficiencies does not denote agreement with the statement of deficiencies, nor does it constitute an admission that any deficiency is accurate. Further, Harmony Hall reserves the right to refute any of the deficiencies on this statement of deficiencies through informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceedings. Clarification orders were received by the Director of Nursing on 8/27/14 for resident#2 for an ice pack to left knee twice daily and as needed every 4 hours for complaint of pain. The orders were</p>	9/24/14	

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

TITLE

(X6) DATE

Electronically Signed

09/17/2014

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>functions as a gliding surface to reduce friction between bones). " On 8/18/14 the consultation report showed an order to " ice pack to left knee bursa BID (twice a day) for 15 minutes and PRN (as needed), patient may refuse. " A written doctor ' s order on 8/21/14 read " ice pack to left knee bursa twice a day for 15 minutes and as needed. Patient may refuse. "</p> <p>In an interview with Resident #2 on 8/27/14 at 11:12 AM, the resident stated the facility staff did not apply an ice pack to her left knee as ordered by the doctor. According to Resident #2, she went for an orthopedic appointment on 8/11/14. One of the orders was to start applying ice pack on her left knee for bursitis and schedule to follow up in a week to check if the pain would go away. Resident #2 stated the consultation report form with written order was given to the nurse. Resident #2 stated she requested multiple times to the nurses for ice pack including the supervisor but she never received the treatment. She stated the nurses told her the reason why they couldn ' t start the treatment was they were trying to clarify the order with the doctor.</p> <p>On 8/21/14, Resident #2 stated her family brought the ice packs from home for her treatment. The resident said the nurses started the treatment that day. Resident #2 stated her left knee pain was a lot better with ice pack twice a day.</p> <p>In an interview with Nurse #1 on 8/27/14 at 4:04 PM, Nurse #1 stated the ice pack was started on 8/21/14.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 8/27/14 at 4:14 PM, she</p>	F 309	<p>transcribed to the medication administration record(MAR) on 8/27/14 by the Director of Nursing.</p> <p>A 100% audit of all physician consults were reviewed for the month of August 2014 by the Assistant Director of Nursing (ADON) to assure all consultation recommendation orders were written and transcribed; orders were clarified when needed and clarification orders were written; and the new orders were transcribed to the MAR or Treatment Administration Record (TAR) accurately. 100% of all nursing staff were educated by the staff facilitator on the procedure for receiving a physician consult to include clarification of any orders as needed and transcription of the orders to the MAR/TAR. Also all newly hired nursing staff will be in serviced on orientation by facility staff facilitator.A QI monitoring tool for physician consults review was initiated on 8/27/14 by ADON.</p> <p>Utilizing the QI Monitoring Tool, the ADON will review all Physician consults daily X 5 days , then weekly x 4 weeks to assure all orders were transcribed and any needed clarification orders were obtained and transcribed. After 4 weeks , the ADON will review consults every 2 weeks for 4 weeks, then monthly x 2 months.</p> <p>The Physician's Consult Monitoring QI audits will be reviewed by the Executive Quality Improvement Committee monthly for recommendations, frequency of continuing audits verses trending data and continued compliance.</p>		

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

PRINTED: 09/29/2014  
FORM APPROVED  
OMB NO. 0938-0391

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F 309	<p>Continued From page 2</p> <p>stated that consultation orders should have been followed up by the nurse.</p> <p>In an interview with the Director of Nursing (DON) on 8/27/14 at 9:13 AM, she stated nurses are expected to carry out the order from a consultation report form. The DON also stated the nurse that took the consultation report no longer works in the facility.</p> <p>In a telephone interview with the orthopedic doctor ' s assistant on 8/27/14 at 11:56 AM, the medical assistant recalled the message about the clarification of order from 8/11/14 consult order from the facility nurse. Medical assistant stated she talked and clarified with a nurse then faxed back a clarified order on 8/14/14.</p>	F 309			