

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 10/02/2014
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(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 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, record review and staff interview, the facility failed to provide pressure ulcer treatment as recommended by the wound clinic and ordered by the primary physician team for 1 of 3 sampled residents (Resident #12) with pressure ulcers. Findings included: Resident #12 was re-admitted to the facility on 04/04/14 with cumulative diagnoses of diabetes, a chronic ulcer, and chronic kidney disease. Resident #12's Quarterly Minimum Data Set (MDS) dated 08/29/14 showed Resident #12 had a stage 4 pressure ulcer. Resident #12 was cognitively aware. Review of the wound clinic orders dated 09/24/14, and ordered by the primary physician team on 09/26/14, showed an order for acetic acid soaks to Resident #12's pressure ulcer for 10 minutes to be done at the facility. Following soaking the wound, a special iodine based gel was to be applied to the wound and then the wound was to be covered with a foam dressing. The treatment was to be done every 72 hours. Review of Resident #12's September Treatment Administration Record (TAR) for 09/26/14 showed</p>	{F 314}	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Mount Olive Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.</p> <p>F 314 D 1. The wound care clinic was called by Karla Minyard, LPN for resident # 12 and notified of change in the treatment order that was recommended by the clinic on October 1, 2014. 2. Consultant reports were reviewed by Administrative nurses on 10/1/14 for residents that are seen by the wound care clinic to identify any recommendation that</p>	10/20/14	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Electronically Signed

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 314}	<p>Continued From page 1</p> <p>an order for acetic acid soaks to the wound followed by an iodine based gel and then the application of a foam dressing. The TAR showed the treatment was transcribed to be done on Monday, Wednesday, and Friday. The TAR showed an "X" in the Tuesday, Thursday, Saturday and Sunday boxes designating the treatment should not be done on those days. Review of the October TAR showed an "X" in each Tuesday, Thursday, Saturday and Sunday box again designating that the treatment not be done on those days.</p> <p>In an observation of Resident #12's treatment on 10/01/14 at 12:00 PM the dressing which was dated 09/29/14 was removed. The wound was soaked with acetic acid for 10 minutes and the iodine based gel was applied and covered with a dressing dated 10/01/14.</p> <p>In an interview on 10/01/14 at 4:20 PM the Treatment Nurse stated the order for Resident #12's treatment had been entered so she could perform the treatment during her normal work week. She stated the facility staff had the capability to order the treatment for every 72 hours but had entered it for every Monday, Wednesday, Friday because it was more convenient to schedule the treatments for when the treatment nurse was in the facility to do them.</p> <p>In a telephone interview on 10/02/14 at 9:05 AM the wound clinic physician stated it was his expectation that his orders be followed as written. He indicated his orders were written based on consistency and timing and it was important they be followed.</p> <p>In an interview on 10/02/14 at 7:45 PM the Director of Nursing Services (DNS) stated the nurse who input the order into the computer knew the treatment nurse was here during the week and changed the order so the treatment nurse</p>	{F 314}	<p>may not have had order written as recommended.</p> <p>3. The licensed nurses were reeducated on writing orders as recommended by consultant physicians and approved by primary physicians on 10/8/14 by SDC/NPE. An outside educator, Nancy Scozzari, RN, CWOCN from Eastern AHEC provided the nursing staff education on assessment, prevention and treatment of pressure ulcers on October 17, 2014. The presentation will be videoed so staff unable to attend will be able to watch prior to working their next scheduled shift. Consultant reports will be monitored daily by the Director of nurses, as they return from appointments to ensure that the recommendations have been approved by the primary physician and orders written as recommended for the next 3 months.</p> <p>4. The Director of Nurses will monitor for trends and present to the Performance improvement Committee monthly for 3 months.</p> <p>A Root Cause Analysis and Directed Plan of Correction were initiated for this POC on 10/13/14.</p>		

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

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{F 314}	Continued From page 2 could do the dressing changes. She stated it was her expectation that orders for treatments be transcribed and performed as ordered by the physician.	{F 314}			