

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

PRINTED: 01/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/10/2014
NAME OF PROVIDER OR SUPPLIER MURPHY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4130 US HWY 64 EAST MURPHY, NC 28906		
(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>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</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 record reviews and staff interviews the facility failed to have pacemaker check done for 2 of 2 residents reviewed with pacemakers (Resident #1, Resident #5). 1. Resident #1 was admitted to the facility on 06/18/09 with diagnoses of heart block, status post pacemaker, and hypertension. Review of the pacemaker monitoring documentation dated 06/21/2012 revealed Resident #1's pacemaker was checked on 06/21/2012 at the cardiology office. Review of Resident #1's care plan dated 06/18/14 revealed Resident #1 had a pacemaker with the intervention for pacemaker checks as per MD/orders/appointments. An interview was conducted on 09/09/14 at 12:10 PM with the Assistant Director of Nursing (ADON). She stated she had contacted Resident #1's heart specialist regarding the most recent check of Resident #1's pacemaker and was told the last date was 06/21/12. The ADON stated the follow up appointment should have been added to the calendar on the computer to remind staff when it was due. The ADON stated she was not aware of how often Resident #1's pacemaker should have been checked.</p>	F 309	<p>The corrective action will be accomplished for those residents found to be affected by the deficient practice by scheduling a pacemaker check and placing future appointments on the calendar. Resident #1 was discharged from the facility prior to the survey. Piedmont Heart was contacted on 9/10/14 by Kathy Teems in medical records regarding resident #5. The pacemaker check was scheduled for 9/11/14. The MD office was not able to complete the check at this time. The check was rescheduled for 9/18/14. This check was completed, no problems with the pacemaker were identified. The next check is scheduled for 12/18/14 per Piedmont Heart's recommendation. The next appointment has been placed on the appointment calendar. Interventions for the pacemaker have been added to the care plan on 9/22/14.</p> <p>The corrective action will be accomplished for those residents having potential to be affected by the same deficient practice by</p>	10/7/14	

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

TITLE

(X6) DATE

Electronically Signed

09/25/2014

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>An interview was conducted on 09/09/14 at 3:20 PM with a staff member at Resident #1's heart specialist office. She stated Resident #1, according to their records, had not had a pacemaker check since 06/21/12. She stated pacemakers should be checked for heart rate and rhythm, how the pacemaker was functioning and the remaining battery life every 91 days. She reported their office was not aware Resident #1 was a resident at the facility and had been sending the reminder letters to her home address.</p> <p>An interview was conducted on 09/09/14 at 3:34 PM with the Director of Nursing (DON). She stated she was not aware Resident #1's pacemaker had not been checked since 06/21/12. She reported the facility depended on the heart specialist office to send an appointment for follow up pacemaker tests. The DON stated the check follow up date would have been given to the ward clerk by the transporter to add to the calendar in the computer. She stated the calendar was printed each day for the hall nurses so they knew what residents had appointments. The DON stated it was her expectation that if a follow up appointment was not received the staff should have contacted the heart specialist office for the follow up appointment. The DON further stated the facility did not have a policy or system in place for the assurance of pacemaker checks being completed.</p> <p>An Interview was conducted on 09/10/14 at 2:06 PM with the Physician. He stated Resident #1 had not had a pacemaker check since 06/21/12 and should have had a check at least yearly to assure the pacemaker was functioning properly. He stated he and the facility had failed to assure proper checks of Resident #1 ' s pacemaker.</p> <p>2. Resident #5 was admitted to the facility on</p>	F 309	<p>nursing staff assessing all current residents for the presents of a pacemaker by reviewing the medical record and/or visual inspection. If a pacemaker is identified we will verify the date of last pacemaker check and ensure future appointments are place on scheduling calendar. Admitting nurse will assess all new residents for a pacemaker by interview, medical record review and/or visual inspections. If a pacemaker is identified the admitting nurse will notify the medical records (MR) department by writing a nursing order to verify most recent pacemaker check/schedule pacemaker follow up appointment. Care plan team will receive a copy of the order to incorporate pacemaker interventions in the resident's care plan. Nurses, ward secretary (WS), and MR department will be notified of new process via Cerner messaging system by 9/26/14. Education memo will be sent to nurses, WS and MR department by 9/26/14. The process will be reinforced in the monthly staff meeting scheduled for 10/7/14.</p> <p>Measures and systemic changes that will be put in place to ensure that the deficient practice will not reoccur are as follows: 1.) The admission nursing assessment will include a prompt to write the nursing order to notify MR department to verify most recent pacemaker check/schedule pacemaker follow up appointment. 2.) MR department will assume the responsibility for scheduling the pacemaker check and ensuring the follow up appointments are on the appointment</p>		

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F 309	Continued From page 2 10/05/11 with diagnoses of heart failure, hypertension, status cardiac pacemaker and congestive heart failure. Review of Resident #5's care plan dated 08/15/14 revealed she was not care planned for a pacemaker. An interview was conducted on 09/09/14 at 5:20 PM with the Assistant Director of Nursing (ADON). She stated she was unable to locate any record of Resident #5 having her pacemaker checked since she had been admitted to the facility on 10/05/11. The ADON stated she had called Resident #5's physician for an order to have her pacemaker checked as soon as possible. An interview was conducted on 09/10/14 at 2:06 PM with the Physician. He stated Resident #5 should have had a pacemaker check at least annually to assure it was functioning properly. The Physician further stated he had no record of Resident #5's pacemaker being checked since admission to the facility on 10/05/11. He stated he and the facility failed to assure proper and timely checks were completed for Resident #5's pacemaker.	F 309	calendar. 3.) MR department will notify the MD of the resident's follow up appointments and scheduled pacemaker checks via fax memo. 4.) The care plan team will receive a copy of the order to incorporate the pacemaker interventions in the care plan. 5.) Education for nurses, WS, and MR department will be provided via Cerner messaging and education memos by 9/26/14. 6.) New process will be reinforced at the monthly staff meeting scheduled for 10/7/14. The facility will monitor its performance to make sure that solutions are sustained by: 1.) MR department will add a column to current audit sheet to reflect the next scheduled pacemaker check/appointment. 2.) Nursing admin or designee will audit 100% of new admissions for 3 months for pacemaker assessment. 3.) Nursing admin or designee will audit those identified as having a pacemaker to ensure the order was written for 3 months. 4.) Nursing admin or designee will audit the appointment calendar and the MR audit sheet for the pacemaker checks and follow up appointments for 3 months. 5.) Nursing admin or designee will audit the charts of residents with pacemakers for MD notification of scheduled appointments. 6.) MDS coordinator or designee will audit the care plans of residents identified with a pacemaker for appropriate interventions for 3 months. 7.) Findings from the above audits will be reported to the QAPI committee monthly for 3 months to evaluate for effectiveness.		

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F 309	Continued From page 3	F 309	The corrective action will be completed by: 1.) Education will be completed by 9/26/14 and reinforced on 10/7/14. 2.) Changes to the nursing admission assessment will be completed by 9/26/14. 3.) Changes to MR audit sheet will be completed by 9/26/14. 4.) Assessment of medical record and/or visual inspection of existing residents will be completed by 9/26/14. 5.) Care plans of existing resident□s with pacemakers will be reviewed to ensure pacemaker interventions are reflected by 9/26/14. 6.) Audit of appointment calendar for schedule pacemaker checks/follow ups will be completed by 9/26/14. 7.) Memos to notify the MD of scheduled pacemaker checks/follow ups will be sent by 9/26/14.		