STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345417	A. BUILDING _____ B. WING _____	C 12/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE NURSING CENTER OF WAK	968 EAST WAIT AVENUE WAKE FOREST, NC 27587

(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	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES 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. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews the facility failed to apply pressure relief boots to both feet as prescribed by the physician to promote wound healing. This was evident in 1 of 3 residents in the sample with pressure sores. (Resident #1) Findings included: Resident #1 had cumulative diagnoses which included Alzheimer ' s disease, coronary artery disease and thyroid disease. Review of the annual Minimum Data Set assessment dated 9/8/14 revealed the resident had impaired cognition, required extensive assistance with bed mobility and required extensive assistance of 1 staff person for the completion of activities of daily living Review of the careplan revised 3/21/14 revealed the resident developed an in-house unstagable right heel pressure sore characterized by eschar (necrotic tissue often noted dark in color). On 9/2/14 the right heel pressure sore opened and	F 314	1. On 12/18/2014, Resident #1 was observed in bed without her (Brand Name) boots on. There was a physician's order dated 11/26/2014 for the (Brand Name) boots to be worn at all times. The CNA was educated as to the physician's order and the boots were applied later in the evening. The CNA was educated that she must look at the bottom of the scheduled care category where there is an "FYI" with relevant information that pertains to the resident. 2. All residents with physician's orders for devices to be worn were identified by the Staff Development Coordinator and no other residents were deemed affected by the deficient practice. 3. All nursing staff was in-serviced by the Staff Development Coordinator regarding physician's orders as written. CNAs were in-serviced regarding looking for any "FYI" information that is relevant to the	12/26/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/12/2015

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F 314	Continued From page 1 noted as a Stage 3. A stage 3 pressure sore has full thickness tissue loss. By 9/24/14 the resident developed an unstagable left heel pressure sore described as eschar tissue. Review of the most recent skin sheets for the " week of 12/19/14 " revealed the right heel was assessed as a Stage 3 pressure sore. The left heel pressure sore was noted as a Stage 4. A stage 4 has full thickness of tissue with the exposure of bone, tendon and/or muscle. Review of the Wound Healing Center ' s form from the consultation dated 12/3/14 revealed recommended orders for _____(brand name) pressure relief boot at all times to both feet. Review of the physician orders dated 12/3/14 revealed the attending physician approved the recommendation and ordered _____(brand name) pressure relief boots at all times to the both feet. The computerized Scheduled Care Resident Task List (SCRTL) used by the nursing assistants (NA) to indicate what care the resident required was reviewed. The SCRTL revealed instructions to have gray colored ____(brand name) boots to be applied to the resident ' s feet at all times. Observation on 12/18/14 at 8 pm with NA #1 revealed no pressure relief boots applied to the resident ' s feet. These pressure relief boots were observed on the floor near a beige colored chair. Interview on 12/18/14 at 9:00pm with the evening supervisor and NA #1 was held. NA #1 revealed the SCRTL was used to inform the aides on what	F 314	resident's care and that the instructions are followed. Licensed nursing staff was also in-serviced by the Staff Development Coordinator that relevant information must be passed onto the CNAs and physician's orders followed as written. 4. A review of residents with special devices will be conducted monthly for four (4) months by the Staff Development Coordinator and the information gathered will be presented to the Director of Nursing. The Director of Nursing will present the information to the Quality Assurance Committee for review and recommendations.	

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F 314	Continued From page 2 care the resident required and the day shift nursing assistants were responsible for placing the pressure relief boots on the resident ' s feet. Observation of the resident on 12/18/14 at 9:15 pm revealed no boots were applied on the resident ' s feet. Observation of the resident on 12/18/14 at 10:10 pm revealed the boots were still not applied to the resident ' s feet. The boots remained positioned on the floor Interview on 12/18/14 at 10:15 pm with Nurse #4 (charge nurse caring for Resident #1) revealed pressure relief boots must be applied to the resident ' s feet at all times to off load the pressure on the heels. Observation of the resident on 12/18/14 at 11:08 pm with NA #2 revealed the resident continued not to have boots applied to her feet. The boots remained on the floor. Interview with NA #2 immediately after the observation revealed the resident " does not sleep with the boots and I have never seen them on [referring to the boots applied on the resident ' s feet]. " NA#2 indicated that she had never placed the boots on the resident during the night and she had not witnessed them applied during the night. Interview on 12/18/14 at 11:15 pm with Nurse #5 (night shift nurse) revealed the pressure relief boots were to be placed on the resident ' s feet at all times. Interview on 12/19/14 at 3:40 pm with the director of nurses revealed he expected staff to follow the physician orders.	F 314		

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