11/16/15 accept

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

PRINTED: 04/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345004	A. BUILDING _____ B. WING _____	C 03/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSON MEMORIAL HOSPITAL	615 RIDGE ROAD ROXBORO, NC 27573

(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 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F 225	The 24 hour report was sent into the correct agency immediately upon discovering that it had not been sent on Friday, March 23, 2015 The Administrator and the Director of Nursing have reviewed the regulation stating that the 24 hour report must be sent into the Department of Health and Human Services, Division of Health Services Regulation within 24 hours of notification of an injury of unknown origin. All staff and private sitters have been or will be, prior to taking their next assignment, reeducated concerning abuse, neglect, and misappropriation as it relates to our residents. All licensed nurses have been or will be, prior to taking their next assignment, reeducated concerning the process of investigation and documentation of any injury. This reeducation includes notifying the Director of Nursing or the Administrator of the injury as soon as possible after discovery and stating whether there is a known origin for the injury.	04/09/15 04/09/15 04/09/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tina Bill Smith — TITLE: Administrator — (X6) DATE: 04/09/2015

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 225	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to submit a 24 hour report for 1 of 2 Residents (Resident # 3) reviewed for injuries of unknown origin. The findings included: Resident #3 was admitted to the facility on 11/11/09. Resident #3 had diagnoses including alzhiemer ' s, vascular dementia, hypertension, renal insufficiency. The Minimum Data Set(MDS) dated 12/24/14, indicated Resident #3 had short and long term memory and decision making problems. Resident #3 required extensive to total assistance with all activities of daily, transfers and mobility. Review of the nurse ' s note dated 3/20/15 at 7:15AM, indicated a bruise noted on right leg, the responsible person was called. There was further assessment or documentation to indicate the condition of the bruise or any treatment that was provided. Review of the record revealed there was no 24 hour report submitted for the injury of unknown origin to Resident #3 right leg. During an observation on 3/23/15 at 2:00PM, Resident #3 was lying in bed with a large raised purple bruise on her right shin above the shin bone. Sitter #1 indicated that she had spoken with NA#1 about the bruise Thursday morning. During an interview on 3/23/15 at 3:00PM, the director of nursing stated that the 24 hour investigation was not submitted because it was assumed the administrator had submitted to the state agency. She further stated the investigation was inclusive since all the information regarding the bruising had not been determined and all staff interviews had not been completed. During an interview on 3/23/15 at 4:00PM, the	F 225	Upon notification, the Director of Nursing will log each injury onto the Injury Log and indicate if there is a known origin. Any injury that is not explained by an incident will be reported within 24 hours of the notification to the Department of Health and Human Services, Division of Health Services Regulation on the appropriate form, number 4501. The Administrator will document the review of the Injury Log on the Injury Log Monitoring tool every morning meeting for 4 weeks, three morning meetings a week for 4 weeks, and then one morning meeting per week for 8 weeks.	04/09/15 04/09/15

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F 225	Continued From page 2 administrator indicated the 24 hour report/investigation had not been submitted to the state agency because it was assumed the director of nursing had completed the responsibility. She acknowledged the 24 hour report should have been submitted timely in accordance to regulation. During an interview on 3/24/15 at 9:00AM, NA #1 indicated that she had showered Resident #3 on the scheduled shower day (3/19/15) at 7:30AM and returned Resident #3 to her room around 8:10AM and did not notice any bruising on resident ' s leg after she had showered the resident. NA#1 reported the following day she and the sitter #1 had a discussion about the bruise on Resident #1 at which time she did not report the discussion regarding the bruise to the charge nurse, thinking it had already been reported. NA#1 indicated that it was her responsibility to report the discussion about the bruise to the charge nurse on duty and director of nursing. NA#1 indicated that she had not reported the discussion about the bruise until she was contacted by the director of nursing on 3/23/15. During an observation on 3/24/15 at 9:35AM, Resident #3 ' s bruise remained reddish/purple in color. She did not complain of pain and she remained in the fetal position while seated in the geri-chair. During an interview on 3/24/15 at 9:35AM, sitter #2 indicated when she arrived on 2nd shift duty she noticed the bruise on Resident #3 right shin. She was for sure the bruise was not on Resident #3 on Monday through Wednesday. Sitter #2 indicated she noticed the bruise on the shin on Thursday (3/19/15) evening around 8:00PM which was very large in size about 3-4 inches and 2 1/2 wide and dark purple. She further stated she went straight to nursing staff to inquire about	F 225	The Administrator and Director of Nursing will present documentation to the Quality Assurance/Performance Improvement Committee of the reeducation of all staff members and privately paid sitters. The Administrator will report the results of the Injury Log Monitoring form monitoring to the Quality Assurance/Performance Improvement monthly for review and recommendations for the duration of the monitoring timeframe of 16 weeks.	

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F 225	Continued From page 3 what happened. She added that the nurse on duty did not measure or do an assessment of the bruise, nurse just made a statement it may have been from improper lifting techniques. Sitter #2 indicated that she contacted sitter #1 to find out what happened during the day, at which time she was informed that sitter #1 had a discussion with NA#1 about the bruise. During an interview on 3/24/15 at 10:01AM, sitter #1 indicated that she had noticed the bruise on Resident#3 leg on 3/19/15 after the resident had returned from her scheduled shower. Sitter #1 indicated she had a discussion with NA#1 about the bruise when the resident had returned from the shower inquiring about how and what happened. Sitter stated that she had assumed NA#1 had reported the bruise to the charge nurse on duty. She stated she did talk with sitter #2 on second shift when she called and asked how and when the bruise happened when she arrived on duty. Sitter #1 stated she told sitter #2 that she had spoken with NA#1 about it that morning and assumed it had been reported to nursing staff. During an interview on 3/24/15 at 4:40PM, NA#2 indicated that sitter #2 had asked her what happened to Resident #3 ' s right leg. She indicated that both of them looked at the leg and the right shin area had reddish/burgundy raised bruise on the shin. She indicated that sitter #3 reported the concern to nurse on duty that evening. During a follow up interview on 3/24/15 at 4:50PM, director of nursing indicated that the 24 hour report was submitted on 3/23/15, and staff had not properly followed the reporting and submission procedures for injuries of unknown origin. Nurse #1 was unavailable for interview after several attempts.	F 225		

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