

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105
--	--

(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 review, staff interviews, medical director interview and laboratory staff interview, the facility failed to collect and send a urine specimen to the laboratory as ordered by the physician for 1 of 3 sampled residents (Resident #8) with laboratory orders that resulted in delayed treatment.</p> <p>Findings included:</p> <p>Resident #8 was admitted in the facility on 11/3/14 with cumulative diagnosis that included Diabetes Mellitus (DM) and Coronary Artery Disease.</p> <p>Review of the admission Minimum Data Set (MDS) dated 11/10/14 revealed Resident #8 was severely cognitively impaired and needed total assistance for Activities of Daily Living (ADL). Resident could make self-understood and could speak clearly.</p> <p>Review of physicians order dated 12/12/14 revealed a written order by the physician for Urinalysis and Urine Culture and Sensitivity (UA/C&S) using in and out catheter for declined</p>	F 309	<p>The statements made on this Plan of Correction are not an admission to, and do not constitute an agreement with, the alleged deficiencies.</p> <p>To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>Lab - Urine C&S Corrective Action: Resident #8 was discharged to Hospital on 12/15/14. Identification of other residents who may be involved with this practice: All resident's charts were audited by the Unit Managers to ensure any resident with an order for urine C&S in the last month was processed, obtained and results reported to MD for appropriate intervention. This was initially completed on 6/19/15 and continues daily by Unit Managers. No</p>	6/26/15
---------------	--	-------	---	---------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/26/2015
---	-------	--------------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/03/2015
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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	<p>Continued From page 1</p> <p>level of consciousness. The order was signed and carried out by Nurse #1 at 2:45 PM the same day. Review of nurse ' s notes revealed no urine specimen was sent to laboratory.</p> <p>Interview with Nurse #1 on 6/3/15 at 2:47 PM and stated she did not remember collecting the urine sample on 12/12/14. And she did not recall telling the next shift nurse about the laboratory order.</p> <p>A telephone interview with the laboratory representative on 6/3/15 at 3:55 PM, the laboratory technician verified there was no specimen sent on 12/12/14. The only specimen received for this Resident was on 12/15/14 and was collected at 3:13 PM for UA/C&S.</p> <p>The nurse ' s notes on 12/15/14 at 4:20 PM revealed Nurse #1 collected the specimen. It was further described in the notes that the " urine return was gross hematuria then clear. "</p> <p>The physician ' s progress note on 12/15/14 at 5:30 PM indicated the resident had decreased level of consciousness and not moving his extremities. Nursing reported to the physician that the Resident became less talkative, not eating and he did not take his medications that evening.</p> <p>The Nursing Aide (NA) who took care of Resident #8 on 12/15/14 was interviewed on 6/3/15 at 5:15 PM. The NA stated she took the resident for shower that evening and the resident started shaking. The NA stated she reported immediately to the nurse and they took Resident #8 back to the resident ' s room for further assessment.</p> <p>The nurse ' s notes on 12/15/14 at 7:30 PM revealed the Resident #8 ' s temperature was</p>	F 309	<p>additional residents were identified to have urine C&S processing concerns.</p> <p>Systemic Changes: All current nurses (registered nurses and licensed practical nurses) who are currently employed on a full time, part time or as needed basis will receive re-education on the process for an MD order for urine C&S.</p> <p>This re-education began on 6/19/15 and was conducted by the DON. Inservice points included:</p> <ol style="list-style-type: none"> 1. If a physician orders a Urine C&S, the requisition is to be filled out in Solstas computer system and printed. 2. If the order is for a Stat Urine C&S with catheter procedure. The nurse will obtain the specimen and call the lab using the number posted at the nurses¿ station for pick up. Other orders for urine C&S are collected in the morning on first voided clean catch if possible or in/out catheterization per order for routine pick up by the lab. The urine C&S will be recorded in the lab book at the nurses¿ station with resident¿s name, date of specimen obtained and sent to lab. 3. The results of the lab are faxed and/or called (if critical) to the facility and available through Solstas computer system. Results may be preliminary in the first 48 hours with full report after 72 hours. The nurse will then check the lab book and indicate that lab results were received. Notify MD of results and initial the result to verify notification with date and any additional information needed. Any new MD orders for antibiotics processed per policy. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/03/2015
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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	<p>Continued From page 2</p> <p>103.8 with Oxygen Saturation (O2 Sat/ Oxygen level in the blood) of 75%. Oxygen was started and O2 Sat went up to 94%. The Resident was sent out to the hospital at 8:04 PM for treatment.</p> <p>The physician ' s progress note on 12/15/14 revealed the resident was sent to the hospital for possible sepsis with urinary tract origin. The UA/C&S laboratory result on 12/19/14 indicated urinary tract infection.</p> <p>The Medical Director was interviewed on 6/3/15 at 3:04 PM. The physician stated a laboratory order should be done immediately so the treatment can be initiated as early as possible and not delayed.</p> <p>The Director of Nursing was interviewed on 6/3/15 at 3:09 PM. The DON described the process they follow through with laboratory orders. When the nurse received the order, she needed to process the order through the laboratory application in the computer and print the requisition. The nurse then print the sticker and write in their laboratory log book. Then they will indicate the collection date and clip the requisition in the log book. The DON further stated that if the nurse signed out the order, she expected it should be done right away or the next day. The DON stated she did not know why this order was missed on 12/12/14.</p>	F 309	<p>4. Labs are then put in the MD notebook for signature.</p> <p>As of 6/26/15 employees that have not been re-educated in its entirety will not be on the schedule to work and will not be allowed to work until the in-services are completed. This training was incorporated into the general orientation program and will be discussed during all general orientation.</p> <p>Monday through Friday the Unit Managers will review MD orders for Labs for Urine C&S, reviewing the Solstas lab book to ensure specimen obtained and sent to lab, results reported through Solstas, MD notified of results and appropriate treatment initiated. Any issue will be reported immediately to the DON with appropriate follow up. This will be reviewed at the Daily Clinical Meeting Monday through Friday. The Clinical Meeting includes DON, Unit Managers, Rehab Director, MDS, HIM, Wound Nurse, Dietary, Administrator and other clinical staff as needed.</p> <p>Monitoring: : To ensure compliance the Unit Managers will review the Solstas lab book for any resident with a urine C&S to ensure the lab was obtained, sent to lab and results reported to MD using the QA Survey Tool. MD order for antibiotics will be reviewed to verify treatment was provided. This will be done five times a week for four weeks then monthly for three months. Identified issues will be reported immediately to DON or Administrator for appropriate action.</p>		

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

PRINTED: 07/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/03/2015
NAME OF PROVIDER OR SUPPLIER ROYAL PARK REHAB & HEALTH CTR OF MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 ROYAL COMMONS LANE MATTHEWS, NC 28105		
(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	Continued From page 3	F 309	Compliance will be monitored and ongoing auditing program reviewed at the weekly QA Meeting. The weekly QA Meeting is attended by the DON, Wound Nurse, MDS Coordinator, Unit Managers, Therapy, HIM, Dietary Manager and the Administrator.		