

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/07/2015
NAME OF PROVIDER OR SUPPLIER EMERALD HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 54 RED MULBERRY WAY LILLINGTON, NC 27546		
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F 250 SS=G	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, family and staff interviews the facility failed to provide social service assistance in helping coordinate medical appointments for one (Resident # 2) of five sampled residents whose records were reviewed.</p> <p>The findings included: Record review revealed Resident # 2 was admitted to the facility on 3/7/14. The resident had multiple diagnoses which included but were not limited to the following: Advanced Dementia, Diabetes, Anemia, Hypothyroidism, and History of Left Hip Fracture. Review of the resident ' s last MDS (Minimum Data Set) assessment, dated 7/13/15, revealed the resident was coded as having moderate impairment of her cognitive abilities. Review of the nursing notes revealed an entry dated 5/27/15 at 6:48 PM in which a nurse documented, " Call placed to Dr. Office regarding raised area under left eye with scab, requested dermatology referral. RP (responsible party) at facility made aware, awaiting return call from MD. " There was no further documentation in the nursing notes regarding the raised area under the resident ' s eye until the next day on 5/28/15 at 1:33 PM when a nurse noted that she had spoken to the family nurse practitioner and</p>	F 250	<p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: 1a. Resident #2 was scheduled for surgery to remove facial lesion on 8/26/2015. 1b. Social Services Director reviewed Resident #2 medical record for needed interventions/assistance with additional appointments. 1c. Following scheduled surgery, Social Service Director will again review Resident #2 medical record and provide assistance with scheduling of any future follow up appointments.</p> <p>2. Address how corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: 2a. Identify all residents with appointments to be scheduled outside of the facility as having the potential to be affected. 2b. The Social Service Director will complete an audit of all current resident physician orders to identify those requiring</p>	9/4/15	

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

TITLE

(X6) DATE

Electronically Signed

08/19/2015

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 250	Continued From page 1 was doing so upon the request of the resident ' s RP. Specifically the nurse noted, " Spoke withFNP (family nurse practitioner) and advised of RP ' s request for resident to be seen by dermatologist, see new order. " Review of the physician orders revealed a dermatology consult was ordered on 5/28/15. There was no further documentation in the nursing notes regarding the lesion and what efforts were being made in regards to assuring the resident was seen by a dermatologist until the date of 7/14/15. On 7/14/15 at 4:36 PM a nurse noted, " (Family member) into visit, concerned about raised area under left eye, scab noted to raised area approx.. size of quarter, area pink with scab. Request resident possibly see surgeon since apt not until 8/21 at (dermatologist). Call placed to Dr.office and spoke with, will await return call. " At 6:38 PM on 7/14/15 the nurse noted that the physician ' s office called back and stated that the physician would come and see the resident. From the date of 7/14/15 until the date of 7/17/15 there were no notations within the nursing notes regarding the lesion and efforts being made to obtain the dermatology appointment. On 7/17/15 at 11:54 AM a nurse noted, " Call placed to Dr.office and spoke with, asked her to remind him he stated he was coming to see resident " The next nursing entry was entered on 7/17/15 at 4:25 PM. A nurse noted, " (Responsible Party) in facility and asked if Dr.has seen resident yet, advised spoke with MD ' s nurse, _____, this am and RP advised if Dr. _____ didn ' t come in today and see resident, she wanted resident sent to hospital for evaluation. Call placed to Dr. _____ office and spoke with nurse and advised of RP ' s demands, will await return call. " According to the nursing	F 250	appointment scheduling. 2c. Social Service Director will confirm that ordered appointments have been scheduled, or will immediately take action to ensure that ordered appointments are made timely. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur: 3a. Social Services Director and Transportation Aide/Scheduling Assistant were in-serviced on process/importance of timely appointments. Training included guidance on actions to take/notification to DON and Administrator if there was difficulty in obtaining timely appointments. 3b. Daily Clinical Risk Meeting occurs each morning. DON, Unit Managers, and Social Services attend. At this time all new physician orders are reviewed. All orders for appointments outside of the facility will be given to the Social Services Director for action. 3c. Social Service Director/Scheduling Assistant will make required appointments. Will then notify Unit Manager and DON of scheduled appointments. 3d. Charge Nurses will be in-serviced on process and will be instructed to contact Social Service Director/Scheduling Assistant if any questions regarding resident appointment scheduling. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:		

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F 250	Continued From page 2 notes at 5:52 PM on 7/17/15 the physician ' s nurse called and stated the physician would be in to see the resident the following day (7/18/15). Review of the physician progress notes revealed the first entry regarding the resident ' s lesion was dated on 7/18/15. The physician noted, " She has a lesion underneath the left eye. This is going on for 6 weeks. We will refer her to surgery for possible biopsy to make sure that there is no malignancy in the area " Review of the resident ' s medical record revealed the resident was seen by a surgeon on 7/22/15. The surgeon noted, " Large skin lesion just inferior to the left eye, possible skin cancer, ... there has been an increase in size over the past two months, patient has severe dementia, will refer to ENT (Ears, Nose, and Throat) for evaluation, given its very close approximation to the inferior lid of the left eye. " Further review of the medical record revealed the resident was seen by an ENT physician on 8/3/15 who noted, " Left facial mass, concerning for cancer-discussed excision, reconstruction. " The ENT also noted the resident was to be seen by a dermatologist the next day and that he would be willing to remove or reconstruct the area if indicated following a biopsy. According to the medical record the resident was seen at a dermatologist ' s office on 8/4/15 and a biopsy was obtained and the results were not on the record as of the initial medical record review. The resident ' s family member was interviewed on 8/6/15 at 10:40 AM. The resident ' s family member voiced concern that the resident ' s lesion had grown and changed and the facility had failed to recognize the lesion ' s change as a concern and taken measures to facilitate getting the resident evaluated sooner by a practitioner such as a dermatologist or ENT physician. The	F 250	4a. Administrator of Medical Records will perform audit each week of 5 resident records for residents who required an appointment outside of facility. This will be done for 4 consecutive weeks. Any errors/omissions will be immediately investigated and corrective action taken. 4b. Audit process will then continue being conducted 2 times per month for 4 weeks. Audit will then be conducted one time per month for an additional month. 4c. Results of these audits will be reviewed at QA&A Meeting. Any identified concerns will be addressed immediately for further corrective action.		

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F 250	Continued From page 3 family member stated March 27, 2015 was the resident ' s birthday and she had photographed the resident and first noted the lesion below the resident ' s left eye on that date because it caught her attention within the 3/27/15 photograph. The family member stated she decided to monitor the lesion on each visit. The family member stated when she initially saw the lesion it appeared about the size of her smallest fingertip and had a dip in the middle of it. The family member stated that she and another family member visited daily and during the month of April they continued to monitor and observe the lesion. The family member stated by May 2015 she had noted there was a definite change in the lesion and it was growing and at times would bleed. The family member stated in May she became alarmed because of the obvious change and she would ask nurses if they were monitoring the lesion and never felt as if she got a good reply. The family member stated the nurses appeared vague in their answers when she would question them regarding their monitoring. The family member stated by the end of May she knew something needed to be done because of the obvious growth and change in the lesion and she therefore insisted that the facility obtain a dermatology appointment for the resident. The family member stated that although the Dermatology order was obtained in May that it took until June 16, 2015 to get an appointment arranged for the resident. The family member stated she would ask staff members whether an appointment had been obtained and staff would tell her that the employee who made appointments was on vacation or that the staff had put the appointment request in the scheduler ' s box so the appointment could be made. The family member stated when the appointment was	F 250			

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F 250	Continued From page 4 finally arranged that the appointment date was for August 21st, and she explained to the staff members that she felt that was too far in the future given the changes that were occurring with the lesion. The family member stated that it became a common occurrence that she or another family member would have to clean the resident ' s face when they visited because the lesion would bleed. The family member stated that the growth of the lesion was also obviously rapid. The family member stated that after three weeks from the time she observed the lesion, it had grown to the size of a dime and at six weeks it had increased to the size of a quarter. The family member stated that by July 2015 she was adamant with the staff that something needed to be done or she would request that the resident be sent to the hospital. The family member stated that the physician saw the resident on 7/18/15 after she told the staff members that she would have the resident transferred to the hospital in order for someone to evaluate the lesion. The family member stated once the physician looked at the lesion he ordered a surgical consult, and the resident got an appointment within a matter of a few days. The family member stated that she accompanied the resident to the surgical appointment on 7/22/15 and the surgeon informed her that there was nothing he could do for the resident because the lesion had gotten too large and was too close to the resident ' s eye for him to surgically intervene. The family member stated the surgeon then called an ENT to obtain the 8/3/15 appointment and the family member stated she also accompanied the resident to this office visit. The family member stated that by 8/3/15 the resident ' s dermatology appointment had been moved up to 8/4/15 because of the dermatology ' s office scheduling and not	F 250			

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F 250	Continued From page 5 because of any efforts made by the facility. The family member stated she made the ENT aware that the resident was to be seen the next day by the dermatologist and he discussed treatment options with which he could assist and stated to wait until the dermatologist biopsied the lesion the next day. The family member stated that she accompanied the resident to the dermatologist on 8/4/15 and the biopsy was done. The family member stated that the dermatologist informed her if the biopsy results indicated the lesion was cancerous that the resident would not be a candidate for surgery in which layers of cancer-containing skin are progressively removed and examined until only cancer-free tissue remains. The family member stated it was explained to her that the resident was not a candidate because the lesion had gotten so large and the resident could not medically withstand the length of surgical time it would take to perform the procedure. The resident ' s family member was interviewed again on 8/7/15 at 9:30 AM and stated the biopsy results had been called to her the previous evening by the dermatologist and that the lesion was an aggressive type of squamous cell cancer. Nurse # 1 was interviewed on 8/6/15 at 12:15 PM. Nurse # 1 stated she recalled noticing the lesion in May, 2015 and it appeared as a white scaly raised area. Nurse # 1 stated that a dermatology consult was ordered for the resident and that the consult request was placed in the transportation book for the staff member who schedules appointments and transports residents. Nurse # 1 stated although she could not recall the exact time period, the lesion began to " swell up " and in July it became larger and would crust. Nurse # 2 was interviewed on 8/6/15 at 7:45 PM. Nurse # 2 stated that she noticed the lesion would drain a	F 250			

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F 250	<p>Continued From page 6</p> <p>clear liquid fluid in May and that there had been an order for a dermatology consult. Nurse # 2 stated she heard the dermatology consult was set up for months later and stated she recalled telling the transport NA that she felt the appointment did not need to be put off that long and had instructed the NA to call the dermatologist ' s office again. Nurse # 2 stated that soon after her request for the resident ' s appointment to be moved up that she resigned from the facility and did not know what follow up transpired.</p> <p>The transport NA was interviewed on 8/6/15 at 9:40 AM. The transport NA stated that when the request for the dermatology appointment was initially made she had been on vacation from May 21, 2015 until she returned on June 1, 2015. The transport NA stated that she was responsible not only for transporting residents but also for scheduling the appointments and maintaining the supply room in an orderly condition. The transport NA stated that while she was on vacation that no other staff member made any appointments for her. The transport NA stated that upon her return on 6/1/15 she had three residents to transfer to physician appointments that day, six or seven residents to transfer to dialysis, the responsibility of cleaning up the supply room, and the responsibility of making all the past appointments for the time period she was on vacation in addition to the new appointments being requested. The transport NA stated she did start working on Resident # 2 ' s dermatology appointment request and that she called multiple dermatology offices and was told they would not see the resident because of the resident ' s insurance payment source. The transport NA stated it was June 16, 2015 before she was able to schedule the dermatology appointment that had been requested in May. The transport NA</p>	F 250			

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F 250	<p>Continued From page 7</p> <p>stated that the first appointment she was given was for August 21, 2015 and the dermatology office called later and moved the appointment on their own accord to August 4, 2015 due to a scheduling need on their part. The transport NA was questioned if she had made the facility social worker aware of the scheduling problem and stated she could not recall doing so. The transport NA stated that she had mentioned the problem to an administrative staff member who was no longer employed at the facility and this administrative staff member had told her to ask the family if they wanted to " pay out of pocket " for the appointment.</p> <p>The facility social worker was interviewed on 8/6/15 at 12:45 PM. The social worker stated that historically she had assisted to facilitate residents being seen for an appointment sooner when there was a need to do so or if problematic issues such as insurance prohibited a resident from being seen. The social worker stated she had not been informed that the transport NA was having trouble getting Resident # 2 a dermatology appointment when the initial request was made or she would have attempted to assist with the matter.</p> <p>The resident's physician was not available for interview during the survey per the DON.</p> <p>The nurse who routinely works for the Dermatologist who evaluated the resident on 8/4/15 was interviewed on 8/7/15 at 9:48 AM. The nurse did confirm that the resident ' s biopsy did return with the result of poorly differentiated peripheral Squamous Cell Invasive Carcinoma. The nurse also confirmed that it would have made a treatment difference if the resident had been seen earlier when the lesion was not as large or so close to her eye. The nurse stated that the office does have a long wait for initial appointments but if an individual has concerns</p>	F 250			

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F 250	Continued From page 8 such as rapid growth or discharge from a lesion that the dermatologist office encourages individuals to go to an urgent care or consult their primary physician who can expedite the individual to be seen sooner by an ENT or Dermatologist.	F 250			
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review, family and staff interviews the facility failed to assure for one (Resident # 2) of five sampled residents whose records were reviewed that the resident received necessary monitoring and intervention in relation to a changing facial lesion. The findings included: Record review revealed Resident # 2 was admitted to the facility on 3/7/14. The resident had multiple diagnoses which included but were not limited to the following: Advanced Dementia, Diabetes, Anemia, Hypothyroidism, and History of Left Hip Fracture. Review of the resident ' s last MDS (Minimum Data Set) assessment, dated 7/13/15, revealed the resident was coded as having moderate impairment of her cognitive abilities. Review of the resident ' s most recent care plan, last revised on 8/6/15, revealed the facility had	F 309	1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: 1a. Resident #2 scheduled for surgery to remove facial lesion on 8/26/2015. 1b. DON completed a skin assessment on Resident #2 to ensure that an existing skin conditions were identified and that appropriate interventions were in place. 2. Address how corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: 2a. Sin assessment on all current residents will be conducted by Licensed Nurses, to be completed by 8/21/2015. All residents with identified skin condition	9/4/15	

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F 309	Continued From page 9 identified the resident to have impaired communication secondary to her unclear speech and impaired cognition. The potential for altered skin integrity was placed on the resident ' s care plan on 5/12/14. The facility care planned multiple interventions for this cognitively impaired resident when they identified she was at risk for skin problems. One of the interventions listed on the resident ' s care plan read, " Notify MD of changes in skin as needed, " and was dated as being added to the care plan on 5/12/14. Review of the nursing notes revealed an entry dated 5/27/15 at 6:48 PM in which a nurse documented, " Call placed to Dr. Office regarding raised area under left eye with scab, requested dermatology referral. RP (responsible party) at facility made aware, awaiting return call from MD. " There was no further documentation in the nursing notes regarding the raised area under the resident ' s eye until the next day on 5/28/15 at 1:33 PM when a nurse noted that she had spoken to the family nurse practitioner and was doing so upon the request of the resident ' s RP. Specifically the nurse noted, " Spoke withFNP (family nurse practitioner) and advised of RP ' s request for resident to be seen by dermatologist, see new order. " Review of the physician orders revealed a dermatology consult was ordered on 5/28/15. There was no further documentation in the nursing notes regarding the lesion and what efforts were being made in regards to assuring the resident was seen by a dermatologist until the date of 7/14/15. On 7/14/15 at 4:36 PM a nurse noted, " (family member) into visit, concerned about raised area under left eye, scab noted to raised area approx.. size of quarter, area pink with scab. Request resident possibly see surgeon since apt not until 8/21 at (dermatologist). Call placed to Dr. ...	F 309	have the potential to be affected. 2b. Medical record of all identified residents will be reviewed to ensure appropriate interventions in place. 2c. Care plans of affected residents will be updated. 2d. Established process for weekly assessment/documentation will be initiated for these residents. 2e. If appropriate, resident with identified skin/wound issue will be referred to Vohra Wound Care Physician for follow up/treatment in the facility. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur: 3a. Nurses will be in-serviced on established processes, to include completion of bi-weekly skin assessment on each resident, and required documentation for all identified skin conditions. 3b. Identified skin conditions will be assessed and documented on the weekly wound assessment. 3c. Identified skin conditions will be reviewed at the Daily Clinical Meeting to ensure timely/appropriate treatment/interventions are in place. Changes/improvements/worsening condition will be addressed at this time. 3d. Assessments to be completed on all residents by 8/21/2015 will establish baseline condition. All new admits will have complete skin assessment conducted as part of the admission process.		

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F 309	Continued From page 10 ...office and spoke with, will await return call. " At 6:38 PM on 7/14/15 the nurse noted that the physician ' s office called back and stated that the physician would come and see the resident. From the date of 7/14/15 until the date of 7/17/15 there were no notations within the nursing notes regarding the lesion and efforts being made to obtain the dermatology appointment. On 7/17/15 at 11:54 AM a nurse noted, " Call placed to Dr.office and spoke with, asked her to remind him he stated he was coming to see resident " The next nursing entry was entered on 7/17/15 at 4:25 PM. A nurse noted, " (Responsible Party) in facility and asked if Dr.has seen resident yet, advised spoke with MD ' s nurse, _____, this am and RP advised if Dr. _____ didn ' t come in today and see resident, she wanted resident sent to hospital for evaluation. Call placed to Dr. _____ office and spoke with nurse and advised of RP ' s demands, will await return call. " According to the medical record at 5:52 PM on 7/17/15 the physician ' s nurse called and stated the physician would be in to see the resident the following day (7/18/15). Review of the physician progress notes revealed the first entry regarding the resident ' s lesion was dated on 7/18/15. The physician noted, " She has a lesion underneath the left eye. This is going on for 6 weeks. We will refer her to surgery for possible biopsy to make sure that there is no malignancy in the area " Review of the resident ' s medical record revealed the resident was seen by a surgeon on 7/22/15. The surgeon noted, " Large skin lesion just inferior to the left eye, possible skin cancer, there has been an increase in size over the past two months, patient has severe dementia, will refer to ENT (Ears, Nose, and Throat) for evaluation, given its	F 309	3e. If appropriate, residents with identified skin/wound conditions will be referred to Vohra Wound Care Physician for follow up/treatment in the facility. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: 4a. DON/Unit Managers will review/audit skin conditions weekly on the weekly Wound Tracking Worksheet. Will ensure appropriate treatment/interventions in place. Any concerns identified will be addressed/corrected immediately. 4b. DON/Unit Manager weekly audit of Wound Tracking Worksheet will continue for 3 months. 4c. Audit results will be reviewed at QA&A Meeting. Any identified concerns will be addressed immediately for further corrective action.		

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FORM APPROVED
OMB NO. 0938-0391

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F 309	<p>Continued From page 11</p> <p>very close approximation to the inferior lid of the left eye." Further review of the medical record revealed the resident was seen by an ENT physician on 8/3/15 who noted, " Left facial mass, concerning for cancer-discussed excision, reconstruction. " The ENT also noted the resident was to be seen by a dermatologist the next day and that he would be willing to remove or reconstruct the area if indicated following a biopsy. According to the medical record the resident was seen at a dermatologist ' s office on 8/4/15 and a biopsy was obtained and the results were not on the record as of the initial medical record review of 8/6/15.</p> <p>The resident was observed on 8/6/15 at 6:58 AM to have a bandage covering an area below her left eye and was not able to answer questions related to the bandage.</p> <p>The resident ' s family member was interviewed on 8/6/15 at 10:40 AM. The resident ' s family member voiced concern that the resident ' s lesion had grown and changed and the facility had failed to recognize the lesion ' s change as a concern and taken measures to facilitate getting the resident evaluated. The family member stated March 27, 2015 was the resident ' s birthday and she had photographed the resident and first noted the lesion below the resident ' s left eye on that date because it caught her attention within the 3/27/15 photograph. The family member stated she decided to monitor the lesion on each visit. The family member stated when she initially saw the lesion it appeared about the size of her smallest fingertip and had a dip in the middle of it. The family member stated that she and another family member visited daily and during the month of April they continued to monitor and observe the lesion. The family member stated by May 2015 she had noted there was a definite change in the</p>	F 309			

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F 309	Continued From page 12 lesion and it was growing and at times would bleed. The family member stated in May she became alarmed because of the obvious change and she would ask nurses if they were monitoring the lesion and never felt as if she got a good reply. The family member stated the nurses appeared vague in their answers when she would question them regarding their monitoring. The family member stated by the end of May she knew something needed to be done because of the obvious growth and change in the lesion and she therefore insisted that the facility obtain a dermatology appointment for the resident. The family member stated that although the Dermatology order was obtained in May that it took until June 16, 2015 to get an appointment arranged for the resident. The family member stated she would ask staff members whether an appointment had been obtained and staff would tell her that the employee who made appointments was on vacation or that the staff had put the appointment request in the scheduler 's box so the appointment could be made. The family member stated when the appointment was finally arranged that the appointment date was for August 21st, and she explained to the staff members that she felt that was too far in the future given the changes that were occurring with the lesion. The family member stated that it became a common occurrence that she or another family member would have to clean the resident 's face when they visited because the lesion would bleed. The family member stated that the growth of the lesion was also obviously rapid. The family member stated that after three weeks from the time she observed the lesion, it had grown to the size of a dime and at six weeks it had increased to the size of a quarter. The family member stated that by July 2015 she was	F 309			

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F 309	Continued From page 13 adamant with the staff that something needed to be done or she would request that the resident be sent to the hospital. The family member stated that the physician saw the resident on 7/18/15 after she told the staff members that she would have the resident transferred to the hospital in order for someone to evaluate the lesion. The family member stated once the physician looked at the lesion he ordered a surgical consult, and the resident got an appointment within a matter of a few days. The family member stated that she accompanied the resident to the surgical appointment on 7/22/15 and the surgeon informed her that there was nothing he could do for the resident because the lesion had gotten too large and was too close to the resident ' s eye for him to surgically intervene. The family member stated the surgeon then called an ENT to obtain the 8/3/15 appointment and the family member stated she also accompanied the resident to this office visit. The family member stated that by 8/3/15 the resident ' s dermatology appointment had been moved up to 8/4/15 because of the dermatology ' s office scheduling and not because of any efforts made by the facility. The family member stated she made the ENT aware that the resident was to be seen the next day by the dermatologist and he discussed treatment options with which he could assist and stated to wait until the dermatologist biopsied the lesion the next day. The family member stated that she accompanied the resident to the dermatologist on 8/4/15 and the biopsy was done. The family member stated that the dermatologist informed her if the biopsy results indicated the lesion was cancerous that the resident would not be a candidate for surgery in which layers of cancer-containing skin are progressively removed and examined until only cancer-free tissue	F 309			

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F 309	Continued From page 14 remains. The family member stated it was explained to her that the resident was not a candidate because the lesion had gotten so large and the resident could not medically withstand the length of surgical time it would take to perform the procedure. The resident ' s family member was interviewed again on 8/7/15 at 9:30 AM and stated the biopsy results had been called to her the previous evening by the dermatologist and that the lesion was an aggressive type of squamous cell cancer. Interviews were conducted and multiple nursing staff members were questioned regarding when they noted the lesion and their observations of its appearance. The interviews revealed staff were knowledgeable the lesion was changing. On 8/6/15 at 8:07 AM NA (Nurse Aide) # 1 was interviewed and stated she had worked at the facility since May and noted the resident had the lesion at that time. NA # 1 stated in May she thought it was a small mole and then in June the resident began to pick at it while causing it to bleed and cause a scab. NA # 2 was interviewed on 8/6/15 at 2:20 PM and stated she could not remember the exact time period when she first observed Resident # 2 ' s lesion, but when she first noted the lesion it was just a little red dot which was approximately the size of a stylus pen end point. NA # 2 stated that within a month it had grown into a bump and then the lesion just began growing bigger and also started to leak clear fluid. NA # 3 was interviewed on 8/6/15 at 4 PM. NA # 3 stated that she had begun work in February 2015 and recalled the lesion being present and very small when she began caring for the resident. NA # 3 stated the lesion began to get puffy and she recalled that by June 2015 the lesion had grown to its current August size. NA # 4 was interviewed on 8/7/15 at 8:35 AM and stated that she had	F 309			

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F 309	Continued From page 15 noticed the area at least 2 months ago. NA # 4 stated when it first started it was not as large and looked like an infected pimple to her. NA # 4 stated that within the last couple of weeks blood began coming out of the lesion and prior to the blood draining out of the lesion she had noted a yellowish liquid coming from the lesion. NA # 4 stated that the resident would pick at the lesion and the more " she picked at it the more it would run. " NA # 5 was interviewed on 8/7/15 at 1:55 PM and stated that she began working in April 2015 and observed the resident to have the lesion at that time but that it appeared as a small dry spot or mole initially. NA # 5 stated that in July it began to have " pussy like drainage. " Nurse # 1 was interviewed on 8/6/15 at 12:15 PM. Nurse # 1 stated she recalled noticing the lesion in May, 2015 and it appeared as a white scaly raised area. Nurse # 1 stated that a dermatology consult was ordered for the resident and that the consult request was placed in the transportation book for the staff member who schedules appointments and transports residents. Nurse # 1 stated although she could not recall the exact time period, the lesion began to " swell up " and in July it became larger and would crust. Nurse # 2 was interviewed on 8/6/15 at 7:45 PM. Nurse # 2 stated that she noticed the lesion would drain a clear liquid fluid in May and that there had been an order for a dermatology consult. Nurse # 2 stated she had asked an associate of the attending physician to look at it sometime at the beginning of June and he had told her he thought it might be a cyst or a boil, and at the first of June the associate indicated to her that he did not see an emergency in it. Nurse # 2 stated she heard the dermatology consult was set up for months later and stated she recalled telling the transport NA that she felt the appointment did not need to	F 309			

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F 309	Continued From page 16 be put off that long and had instructed the NA to call the dermatologist ' s office again. Nurse # 2 stated that soon after her request for the resident ' s appointment to be moved up that she resigned from the facility and did not know what follow up transpired. The transport NA was interviewed on 8/6/15 at 9:40 AM. The transport NA stated that when the request for the dermatology appointment was initially made she had been on vacation from May 21, 2015 until she returned on June 1, 2015. The transport NA stated that she was responsible not only for transporting residents but also for scheduling the appointments and maintaining the supply room in an orderly condition. The transport NA stated that while she was on vacation that no other staff member made any appointments for her. The transport NA stated that upon her return on 6/1/15 she had three residents to transfer to physician appointments that day, six or seven residents to transfer to dialysis, the responsibility of cleaning up the supply room, and the responsibility of making all the past appointments for the time period she was on vacation in addition to the new appointments being requested. The transport NA stated she did start working on Resident # 2 ' s dermatology appointment request and that she called multiple dermatology offices and was told they would not see the resident because of the resident ' s insurance payment source. The transport NA stated it was June 16, 2015 before she was able to schedule the dermatology appointment that had been requested in May. The transport NA stated that the first appointment she was given was for August 21, 2015 and the dermatology office called later and moved the appointment on their own accord to August 4, 2015 due to a scheduling need on their part. The transport NA	F 309			

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F 309	Continued From page 17 was questioned if she had made the facility social worker aware of the scheduling problem and stated she could not recall doing so. The transport NA stated that she had mentioned the problem to an administrative staff member who was no longer employed at the facility and this administrative staff member had told her to ask the family if they wanted to " pay out of pocket " for the appointment. The DON (Director of Nursing) was interviewed on 8/6/15 at 8:20 AM. The DON was questioned regarding any skin assessments which would have been done for Resident # 2 and stated skin assessments should have been done two times per week. The DON provided the documented skin assessments for Resident # 2 from the date on which the dermatology appointment had been requested (May 28, 2015) until the current date. Review of the resident ' s skin assessment forms revealed the question, " Does the resident have current skin issues? " appeared as a question at the top of every form. The forms contained an area where the staff were to mark " yes " or " no " and further instructions noted " Document current Skin Issues. " There were seven skin assessments between 5/28/15 and 8/6/15 provided by the DON. These were dated as follows with the following notations regarding the lesion: On 6/17/15 a nurse documented " scab under left eye; " on 7/3/15 there was no notation regarding the lesion; On 7/17/15 a nurse documented " scab on lt side of face next to nose; " on 7/21/15 a nurse documented " scab on lt side of face next to nose; " On 7/24/15 a nurse checked " yes " that the resident had skin issues but did not document anything about them on the form; on 7/31/15 there was no notation about the lesion; on 8/4/15 a nurse noted " sore to lt cheek. " None of the skin assessments	F 309			

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F 309	Continued From page 18 contained documentation to show when the lesion had begun to grow and by what measurements it was increasing. The facility social worker was interviewed on 8/6/15 at 12:45 PM. The social worker stated that historically she had assisted to facilitate residents being seen for an appointment sooner when there was a need to do so or if problematic issues such as insurance prohibited a resident from being seen. The social worker stated she had not been informed that the transport NA was having trouble getting Resident # 2 a dermatology appointment when the initial request was made or she would have attempted to assist with the matter. During the survey the resident ' s physician was unavailable for interview per the DON. The nurse who routinely works for the Dermatologist who evaluated the resident on 8/4/15 was interviewed on 8/7/15 at 9:48 AM. The nurse did confirm that the resident ' s biopsy did return with the result of poorly differentiated peripheral Squamous Cell Invasive Carcinoma. The nurse also confirmed that it would have made a treatment difference if the resident had been seen earlier when the lesion was not as large or so close to her eye. The nurse stated that the office does have a long wait for initial appointments but if an individual has concerns such as rapid growth or discharge from a lesion that the dermatologist office encourages individuals to go to an urgent care or consult their primary physician who can expedite the individual to be seen sooner by an ENT or Dermatologist.	F 309			