

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

PRINTED: 04/11/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345520	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/16/2016
NAME OF PROVIDER OR SUPPLIER AVANTE AT THOMASVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1028 BLAIR STREET THOMASVILLE, NC 27360		
(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 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to review and revise the care plan to indicate weight-bearing restrictions for one of three residents reviewed for accidents/ falls (Resident #1). The findings included: Resident #1 was initially admitted to the facility 2/13/13 and last readmitted to the facility 2/24/16 following a hospitalization for left femoral neck fracture of the hip. History and physical from the hospital dated 2/23/16 indicated Resident #1 was admitted for a nondisplaced (bone breaks in one spot and stays</p>	F 280	<p>F 280 Deficiency corrected</p> <p>1. Corrective action has been accomplished for the alleged deficient practice in regards to Resident #1. The licensed nurse updated Resident #1 care plan on 03/23/2016 to include appropriate weight bearing status as ordered by the Physician.</p> <p>2. Current facility residents with weight bearing restrictions have the potential to be affected by the alleged deficient</p>	4/8/16	

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

TITLE

(X6) DATE

Electronically Signed

03/31/2016

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 280	<p>Continued From page 1</p> <p>aligned) left femoral neck fracture. According to orthopedic recommendations, Resident #1 needed to receive physical therapy and should have partial weight-bearing left lower extremity up to 50% total body weight.</p> <p>A physician's progress note dated 3/1/16 stated Resident #1 would require physical therapy and was to be 50% weight-bearing to affected extremity.</p> <p>A Significant Change Minimum Data Set (MDS) dated 3/2/16 indicated Resident #1 was cognitively intact. She required extensive assistance of one person for transfers. No ambulation occurred. Limitation in range of motion noted on one side lower extremity.</p> <p>A Care Area Assessment (CAA) for falls was reviewed and noted the CAA area was triggered due to Resident #1 being at risk for injuries due to falls with resident non weight bearing on her left leg due to status post hip repair. She needed extensive assistance in most of her activities of daily living and receiving psychotropic meds. Staff would check with resident frequently and resident would continue with therapeutic exercises with rehabilitation staff. The area would be addressed in care plan.</p> <p>A consult with an orthopedic physician dated 3/4/16 indicated to continue partial weight bearing left lower extremity up to 50% TBW (touch bear weight). Return to clinic 2 weeks x-ray.</p> <p>A care plan dated 3/8/16 was reviewed and revealed the following: Resident #1 was at risk for injuries related to falls characterized by history of falls with recent left hip fracture with injury and multiple risk factors related to use of psychotropic medications, unsteady gait and incontinence. Interventions included: analyze previous resident falls to determine whether patterns/ trend can be addressed. Ensure environment is free of clutter.</p>	F 280	<p>practice. The MDS coordinator and the Director of Nursing (DON) audited current resident physician orders on 03/18/2016, to identify residents with weight bearing restrictions, to validate that restrictions were documented in the residents care plan. No discrepancies were identified.</p> <p>3. Measures put into place to ensure the alleged deficient practice does not recur include: The DON provided in service education for the MDS coordinator, unit coordinator beginning and weekend supervisor on 03/21/2016 regarding updating care plan to reflect current resident conditions and restrictions. The admitting nurse will initiate an interim care plan for newly admitted residents that will reflect the current weight bearing status as necessary. The DON, unit coordinator, and MDS coordinator will review physician orders at least 5 times a week, to identify new orders for weight bearing restrictions, and will validate that care plan is updated to reflect the current weight bearing restrictions.</p> <p>4. The Director of Nursing will analyze audits/reviews for patterns/trends and report in the Quality Assurance committee meeting monthly for 3 months, to evaluate the effectiveness of the plan and will adjust the plan based on outcomes/trends identified.</p>		

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F 280	<p>Continued From page 2</p> <p>Evaluate effectiveness and side effects of resident ' s psychotropic drugs with physician for possible decrease in dosage/ elimination of medication. Have commonly used articles within easy reach. Keep area well lit and free of clutter. Place call bell in reach with instructions on its use. Place resident in fall prevention program. Provide incontinent care and offer assist with toileting. Resident to wear proper and non-slip footwear. Transfer and change positions slowly. There was no intervention noted that indicated that Resident #1 was to be partial weight-bearing up to 50% of body weight on the left lower extremity.</p> <p>Resident #1 was not observed ambulating or being transferred by staff. Each time observed, she was in her wheelchair or in bed.</p> <p>On 3/15/16 at 3:25PM, an interview was conducted with NA#1 who stated she worked second (3:00 PM-11:00 PM) shift and provided care for Resident #1 on a regular basis. NA#1 stated Resident #1 was a one person transfer with Resident #1 assisting with repositioning and transfers. She said Resident #1 was non-weight bearing with her left leg when she first came back from the hospital but could stand and transfer with full weight- bearing on her left leg now.</p> <p>On 3/16/16 at 9:33AM, an interview was conducted with NA#2. She stated she provided care for Resident #1 on day shift on the weekends and, at times, during in the week. NA#2 indicated Resident #1 was a one person transfer. NA#2 stated Resident #1 had been in the hospital for a broken hip and, when she returned back to the facility, no one had informed NA#2 of any changes in relation to transfers or that Resident #1 had any weight- bearing restrictions.</p> <p>On 3/16/16 at 12:13PM, an interview was</p>	F 280			

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F 280	Continued From page 3 conducted with Nurse #1 who provided care routinely for Resident #1. She stated she knew Resident #1 went to the doctor and they changed her therapy but she did not know if resident had any weight restrictions, only that Resident #1 needed help. On 3/16/16 at 12:17PM, an interview was conducted with the Director of Nursing. She stated she expected the restriction of 50% weight bearing to be on her care plan and that all staff including the licensed nursing staff and nursing assistants should be aware of any restrictions with weight bearing. On 3/16/16 at 12:27PM, an interview was conducted with the physical therapist who provided therapy for Resident #1. She stated she had been involved and working with Resident #1 since her hospitalization and Resident #1 had been partial weight-bearing (50% of total body weight) on her left leg since her hospitalization. The physical therapist stated Resident #1 was not consistent in maintaining the 50% weight-bearing status and needed to be reminded with almost every step.	F 280			
F 520 SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment	F 520		4/8/16	

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F 520	<p>Continued From page 4</p> <p>and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility ' s Quality Assessment and Assurance committee (QAA) failed to implement, monitor and revise as needed the action plan developed for the recertification survey dated 11/4/15 and the complaint investigation dated 3/16/16 in order to achieve and sustain compliance. The facility had a pattern of repeat deficiencies regarding the right to participate in planning care-revise care plan (F280) on the recertification survey 11/4/15 and the complaint investigation 3/16/16. The findings included: The tag is cross-referenced to: F280. Resident Participation in Plan of Care: Based on medical record review and staff interviews, the facility failed to review and revise the care plan to indicate weight- bearing restrictions for one of three residents reviewed for accidents/ falls (Resident #1). During the recertification survey of November 2015, the facility failed to review and revise a care plan of a resident to reflect the discontinuation of</p>	F 520	<p>F 520 Deficiency corrected</p> <p>1. Corrective action has been accomplished for the alleged deficient practice in regards to Resident #1. The licensed nurse updated Resident #1 care plan on 03/23/2016 to include appropriate weight bearing status as ordered by the Physician.</p> <p>2. Current facility residents with weight bearing restrictions have the potential to be affected by the alleged deficient practice. The MDS coordinator and the Director of Nursing (DON) audited current resident physician orders on 03/18/2016, to identify residents with weight bearing restrictions, to validate that restrictions were documented in the residents care plan. No discrepancies were identified.</p>		

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F 520	Continued From page 5 a hand splint. Again on the current survey the facility failed to revise a care plan for a resident with physician ordered weight bearing restrictions. An interview was conducted on 3/16/16 at 1:45PM with the Director of Nursing. She stated she thought the failure to review and revise the care plan occurred when the permanent Minimum Data Set (MDS) person left on 2/3/16. The Director of Nursing stated they had not had a permanent MDS person and the MDS person was the one that initiated the care plans for new admissions and readmissions to the facility. Also, the people that had come to help the facility were people that worked in facilities that were all computer-based and were not familiar with paper care plans and the need to print them. She stated MDS personnel were responsible for revising the care plan after a hospitalization and that was not done.	F 520	3. Measures put into place to ensure the alleged deficient practice does not recur include: The DON provided in service education for the MDS coordinator, the unit coordinator and the weekend supervisor beginning on 03/21/2016, regarding updating care plan to reflect current resident conditions and restrictions. The admitting nurse will initiate an interim care plan for newly admitted residents that will reflect the current weight bearing status as necessary. The DON, unit coordinator, and MDS coordinator will review physician orders at least 5 times a week, to identify new orders for weight bearing restrictions, and will validate that the care plan is updated to reflect the current weight bearing restrictions. The Administrator provided in service education for the Interdisciplinary team on 03/23/2016, regarding the QAA process to include monitoring and updating plans as necessary to maintain compliance. 4. The Administrator and/or the Director of Nursing will analyze audits/reviews for patterns/trends and report in the Quality Assurance committee meeting monthly for 3 months, to evaluate the effectiveness of the plan and will adjust the plan based on outcomes/trends identified.		