STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345357	A. BUILDING ______ B. WING ______	C 08/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-NEUSE	**1303 HEALTH DRIVE** **NEW BERN, NC 28560**

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F 309 SS=D	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 record review, observations, and staff, physician assistant, and resident interviews, the facility failed to respond to a resident's complaints of dermal itching on the buttocks and scrotum for 1 of 3 residents observed for incontinence care, Resident #3. Findings included: A review of the quarterly minimum data set assessment (MDS) dated 07/04/2016 revealed Resident #3 was cognitively intact and was readmitted to the facility on 01/18/2016 with a partial list of diagnoses which included diabetes mellitus, hypertension, and gastro-esophageal reflux disease. The same assessment indicated Resident #3 was totally dependent upon staff for his bathing needs and required extensive assistance for bed mobility, dressing, toilet use, and personal hygiene. A review of Resident #3's nursing care plan initiated 04/01/2016 and last updated 07/14/2016 revealed there were goals and interventions in place to address his risk of hypoglycemia, risk for self-care deficit, risk for alteration in comfort, and risk for skin breakdown. Some of the interventions to address his risk for skin	F 309	What Corrective action will be accomplished for the residents found to have been affected by the deficient practice? For resident #3 the Benadryl was ordered as needed four times daily as needed on 7/28/2016 and changed to twice daily scheduled on 9/15/2016. The resident was placed back on Nystatin Powder as needed on 8/26/2016 but was changed to Nystatin/Triamcinolone Compound to apply to scrotum and buttocks twice daily on 9/15/2016. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? A 100 percent skin audit has been conducted for all of the residents in the facility and will be completed on 09/19/2016. Any skin concerns discovered will be addressed by the	9/20/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 09/15/2016

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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breakdown included a weekly body audit, repositioning, and the use of a lift sheet.

A review of the Physician Assistant's (PA's) nursing home acute visit note dated 05/31/2016 revealed Resident #3 received a follow-up visit regarding a possible skin infection on his right hip and that he had a past medical history of cellulitis and pruritus.

A review of the PA's nursing home acute visit note dated 07/28/2016 indicated Resident #3 received a visit to evaluate areas of diffuse scratch marks on his skin. The same physician assistant ' s note of 07/28/2016 revealed Resident #3 had two diagnoses: 1) history of skin pruritus, 2) pruritic dermatitis. The plan to address these diagnoses was to: "1) Continue Claritin ..., 3) Benadryl 25 milligrams four times per day as needed for intense itching, 4) Monitor sites - these appear to be eczemoid type variant - Dermatology referral if persisting/worsening, 5) Continue usual medication regimen including lactulose."

A review of the June 2016 treatment record revealed there were initials in place to indicate Resident #3 received Nystatin powder 100,000 units per gram to the buttocks on 28 out of 30 days during the month of June 2016.

A review of the July 2016 treatment record revealed initials were in place to indicate Resident #3 received Nystatin powder 100,000 units per gram to the buttocks once on 07/01/2016. The July 2016 treatment record documented that the Nystatin powder was discontinued after 07/01/2016.

The August 2016 signed physician's orders

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treatment nurse and attending physician if new orders or treatments are necessary.

What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not reoccur?

Education for all nursing staff began on 8/26/2016 on how to identify skin problems and communicating them to the nurse on duty. The stop and watch forms from interact will be used by the nurse aides to communicate with the cart nurse any changes in skin or condition of the resident, the carbon copy of the form will be provided to the RN unit manager of each nurses station to follow-up on. Education will be added to the new hire orientation and the staff not completing the training will be educated prior to the start of the next scheduled shift.

Skin audits will be conducted weekly for all residents in the facility and the audits will be brought to the weekly clinical meeting for review and follow-up. The Director of Health Services will review each skin assessment and document follow-up for any additional needs.

How will the corrective action be monitored to assure that the deficient practice will not reoccur, i.e., what quality assurance program will be put in place for monitoring to assure continued compliance.

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F 309	Continued From page 2 included an order dated 01/18/2016 for Nystatin powder 100,000 units/gram, apply to the buttocks three times daily. Further review of the August 2016 signed physician's orders revealed there were no orders in place as documented on the PA's progress note of 07/28/2016, as follows: Benadryl 25 milligrams four times per day as needed for itching, monitor sites (pruritic dermatitis), dermatology referral if persisting/worsening. A review of the Body Audit Forms in the medical record revealed the forms were completed on 04/24/2016, 08/07/2016, and 08/14/2016. All three Body Audit Forms indicated Resident #3's skin on his scalp, face, neck, ears, chest, abdomen, shoulders, back, elbows, arms, hands, sacrum, buttocks, hips, legs, ankles, feet, and heels were checked for "normal." None of the skin areas were checked for "red/open areas" or for "erythema." In an observation of incontinent care provided by Nursing Assistant (NA) #1 and NA #2 for Resident #3 on 08/24/2016 at 3:30 PM, there was a distinct reddened area present on the bilateral buttocks and the area underneath the scrotum. The reddened area had a defined border around it which separated it from the normal surrounding skin color. There were also two scratch marks present on the right buttock. During the observation on 08/24/2016 on 08/24/2016 at 3:30 PM, Resident #3 complained of itching around the reddened area on his buttocks and scrotum. In an interview with NA #1 on 08/24/2016 at 3:37 PM, she stated that the defined reddened area on	F 309	The results from the monitoring will be reviewed and brought to the monthly QA meeting by the DHS, and the findings will be discussed and continue monitoring as needed to continue compliance.	

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Resident #3's buttocks had been present since she started working for the facility in July 2016. NA #1 stated she had reported the redness and the resident's complaint of itching to the nurse more than once, but she did not think anything was done for it. NA #1 stated there had been an order for Nystatin for the area, but it had not been used since sometime in July 2016. NA #1 stated she used a barrier cream on the reddened area after each incontinent episode.

In an interview with NA #2 on 08/24/2016 at 3:39 PM, she stated Resident #3 never complained of pain, but did report itching. NA #2 stated she always applied a barrier ointment to Resident #3's buttocks and that she provided incontinent care for him every 2 hours or more often if it was needed. NA #2 explained that she sometimes mixed 2 types of barrier cream together to make the cream thicker and more effective. NA #2 explained she reported to the nurse about the resident's reddened buttocks before and that she was not aware of any current treatments for it.

In an interview with Nurse #1 on 08/25/2016 at 11:04 AM, she stated she had not received any reports from the nursing assistants recently regarding redness or itching on Resident #3's buttocks. Nurse #1 explained that Resident #3 had a history of rashes, that there had been an order for Nystatin powder which was no longer being used on his buttocks. Nurse #1 stated Resident #3 was taking loratadine (Claritin) by mouth for itching. Nurse #1 stated that she had received a report of scratch marks on the resident last week from the nursing assistant and that she had cut his fingernails.

In an interview with Nurse #2 and Nurse #3 (both

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F 309	Continued From page 4 treatment nurses) on 08/25/2016 at 11:20 AM, they stated they both worked together for all treatments in the facility. Nurse #2 stated there were no current treatments in place for Resident #3 because he had no pressure ulcer. Nurse #2 and Nurse #3 stated they had not received any skin referrals recently for Resident #3. Nurse #2 stated she thought there had been an order for Resident #3 to receive Benadryl as needed for itching, and that weekly skin checks were completed by the nurses who were assigned to each specific hall. In a follow-up interview with Resident #3 on 08/26/2016 at 1:45 PM, he stated that he had asked his nurses many times recently for something to relieve his itching on his scrotum and buttocks, but no one had ever given him anything to relieve it. Resident #3 stated it did no good to request anything to treat the itching on his buttocks. In an interview with the Director of Nursing (DON) on 08/26/2016 at 5:00 PM, she stated that recurrent skin conditions which were ongoing issues for Resident #3 probably should have been care planned. The DON also stated that any skin conditions should have been captured in the Weekly Body Audit Forms which were completed by the hall nurse. A review of the July 2016 and the August 2016 physician orders with the DON revealed there was no order present for Benedryl as documented in the physician assistant's note of 07/28/2016 and that there was no indication that Nystatin was applied to the buttocks on the treatment record since 07/01/2016 to address Resident #3's complaint of itching or skin redness.	F 309		

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F 309	Continued From page 5 In an interview with the Physician's Assistant (PA) on 08/26/2016 at 2:10 PM, she stated that she had not received any report of redness on Resident #3's buttocks recently, but she had written an order for an antibiotic to treat a skin infection on his upper arms on 08/25/2016. The PA stated that she would have wanted to know about the reddened area on his buttocks because it could have been fungus related. The PA explained that if Resident #3 had a fungus on his buttocks, the antibiotic she ordered for the skin infection could aggravate the fungus. In addition, the PA stated she thought she had ordered Benadryl for his generalized itching, and that there had been an order in place to apply Nystatin powder to the buttocks, as well.	F 309		