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| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs | PROVIDER # 345499 | MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | DATE SURVEY COMPLETE: 11/22/2016 |
| NAME OF PROVIDER OR SUPPLIER LITCHFORD FALLS HEALTHCARE | STREET ADDRESS, CITY, STATE, ZIP CODE 8200 LITCHFORD ROAD RALEIGH, NC | | |
| ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES | | |
| F 514 | <p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to document the administration of feeding tube water flushes for 1 of 3 residents reviewed for feeding tubes (Resident #1). Findings included: Resident #1 was admitted on 3/16/16 with the current diagnosis of a past cerebral vascular accident, dysphagia, and hypertension. The resident was no longer residing at the facility at the time of the investigation. The resident ' s Minimum Data Set (MDS) dated 5/24/16 revealed the resident was severely cognitively impaired. The resident was receiving tube feedings. Physician orders dated 5/2/16 stated for the resident to get 250 milliliters (ml) of free water via Gastrostomy tube (G-tube) three times a day. The resident ' s Medication Administration Record (MAR) was reviewed from 5/1/16 through 5/31/16. It revealed the resident was to get 250 mls of free water via G-tube three times a day. The scheduled times were once per shift. The following dates were not signed off as the tube feed flush being given 5/14/16, 5/15/16, 5/16/16 and 5/17/16 on the 11:00 PM to 7:00 AM shift. The back of the MAR had a section that stated nurse ' s medications notes. There was no documentation on the back of the MAR to suggest that the water flushes were or were not given. Review of the resident ' s nurse ' s notes from 5/14/16 through 5/17/16 did not reveal if the free water flushes were given or not for the 11:00 PM to 7:00 AM shift. Nurse #1 worked the 11:00 PM to 7:00 AM shift on 5/14/16, 5/15/16, 5/16/16 and 5/17/16. Nurse #1 was interviewed on 11/22/16 at 3:45 PM. He stated that if it was on the MAR then he was sure he gave the flushes. He stated that he could not remember this resident specifically and would not place this resident ' s face with her name. If he held a medication or flush, then he would have written it in a nursing note. He stated he no longer worked at this facility. The Director of Nursing was interviewed on 11/22/16 at 4:05 PM. If the medication or water flush was not signed on the MAR, then a comment should be out on the back of the MAR. His expectation was that every medication or water flush be signed off and if it was not signed off then the reason stating why needed to be documented.</p> | | |

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

The above isolated deficiencies pose no actual harm to the residents