

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

PRINTED: 03/14/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2017
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(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 157 SS=D	<p>483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment</p>	F 157		2/24/17	

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

TITLE

(X6) DATE

Electronically Signed

02/22/2017

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 157	Continued From page 1 as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to notify the physician and the resident's representative of a change in condition after a fall which resulted in a fractured hip for 1 of 3 sampled residents (Resident #1). Findings included: Resident #1 was admitted on 9/16/16 with the diagnoses in part of dementia and hemiplegia, osteopenia. Review of the incident report dated 1/9/17 at 6:30 PM revealed "C.N.A (certified nursing aide) went into bathroom to put res (resident) on commode in res room and witnessed her sliding off the wheel chair onto the floor. res [sic] landed on her bottom with her back against the w/c(wheelchair)." During a telephone interview on 2/1/17 at 9:57 AM, Nurse # 5 indicated she was the nurse on duty when Resident #1 fell in the bathroom. She assessed Resident #1 and determined she had no injury. She indicated she had not completed a Situation Background Assessment Recommendations (SBAR) a nursing note nor had she documented the fall in the 24 hour report or reported to the nurse coming on duty. She had not notified the Director of Nursing (DON) or the resident's representative. Nurse #5 indicated she did not follow thru because she was worried	F 157	1. The corrective action taken on 1/10/17 was for the resident's representative and the attending physician to be notified of the fall and of resident #1's pain by nurse #5. 2. The corrective action we have taken for those residents having the potential to be affected by this alleged deficient practice was to have the Director of Nursing (DON) audit fall reports to verify notification was made to the resident's representative and the attending physician from 1/1/17 to present. 3. The systematic changes we will make will be to have the Staff Development Coordinator (SDC) re-educate licensed nursing staff on the timely notification to the resident's representative and the attending physician when a change in condition or a fall occurs with a resident. As well, this requirement to notify the resident's representative and the attending physician will be added and covered during orientation for all newly hired and rehired nurses. 4. The DON and Administrator will audit 5 residents per week for the first month who have Incident Reports or Situation		

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F 157	Continued From page 2 about the weather and driving home and forgot. She indicated the family was to be notified within two (2) hours. She indicated when she returned to duty the following morning Resident #1 had increased pain and a mobile x-ray was ordered which revealed the hip was fractured. During a telephone interview on 2/1/17 at 9:31 AM, Nurse #4 indicated she came in on 1/9/17 at 7:00 PM she was not aware Resident #1 had a fall. She indicated the Aide #1 told her about the fall Resident #1 had in the bathroom. She then called Nurse #5 who confirmed the information. She indicated she had notified the DON at about 11:00 PM. She reported she did not notify the physician or the family of Resident #1's fall because Resident #1's pain was controlled throughout the night. During an interview on 2/1/17 at 10:27 AM, the DON indicated she expected Nurse #5 to have notified the physician and herself immediately and the family afterwards. When Nurse #4 called her the evening of 1/9/17, she had told Nurse # 4 to notify the physician regardless of Resident #1's controlled pain.	F 157	Background Assessment Recommendations (SBAR) completed to ensure that proper notification was made to the resident's representative and attending physician. For the second month the DON and Administrator will audit 5 residents twice monthly who have Incident Reports or SBAR's completed to ensure that proper notification was made to the resident's representative and attending physician. Then for the third month the DON and Administrator will monitor 5 residents per month who have Incident Reports or SBAR's completed to ensure that proper notification was made to the resident's representative and attending physician. The results of each month's audits will be presented to the Monthly Quality Assurance / Performance Improvement Committee for review and discussion to ensure continued compliance.		
F 514 SS=D	483.70(i)(1)(5) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented;	F 514		2/24/17	

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F 514	Continued From page 3 (iii) Readily accessible; and (iv) Systematically organized (5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to maintain accurate treatment documentation for one (1) of three (3) sampled residents who had a fall (Resident #1). Findings included: Resident #1 was admitted on 9/16/16 with the diagnoses in part of dementia and hemiplegia. Review of the incident report dated 1/9/17 at 6:30 PM revealed Resident #1 had a fall. During a telephone interview on 2/1/17 at 9:31 AM, Nurse #4 indicated she had not completed the SBAR, but she had written a nursing note to monitor Resident #1 on 1/10/16 at 3:32AM. During a telephone interview on 2/1/17 at 9:57 AM, Nurse # 5 indicated she had not documented	F 514	1. The corrective action taken was to have nurse #5 complete the Incident Report and make notification to the resident's representative and attending physician on 1/10/17 for the fall that resident #1 had on 1/9/17. 2. The corrective action we have taken for those residents having the potential to be affected by this alleged deficient practice was to have fall reports and SBAR's reviewed by the Director of Nursing (DON) to verify notification was made to the family and the attending physician from January 1, 2017 to present. 3. The systematic changes we will make		

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F 514	Continued From page 4 in the medical record or filled out a Situation Background Assessment Recommendations (SBAR) until the following day. She indicated she did not document because she forgot and she was worried about the weather and driving home. During an interview on 2/1/17 at 10:27 AM, the Director of Nursing indicated no SBAR or nursing note had been generated concerning the fall of Resident #1 on 1/9/17. Her expectations was documentation was to be completed prior to leaving for the day.	F 514	will be to have the Staff Development Coordinator (SDC) re-educate licensed nursing staff on the timely notification to the resident's representative and the attending physician when a change in condition or a fall occurs with a resident. Education will also include timely completion of Incident Reports in the Event Manager System for falls as well as timely completion of SBAR's for change of condition. The requirement to notify the resident's representative and the attending physician will be added and covered during orientation for newly hired and rehired nurses. 4. The DON and Administrator will audit 5 residents per week for the first month who have Incident Reports or SBAR's completed to ensure that proper notification was made to the resident's representative and attending physician. For the second month the DON and Administrator will audit 5 residents twice monthly who have Incident Reports or SBAR's completed to ensure that proper notification was made to the resident's representative and attending physician. Then for the third month the DON and Administrator will monitor 5 residents per month who have Incident Reports or SBAR's completed to ensure that proper notification was made to the resident's representative and attending physician. The results of each month's audits will be presented to the Monthly Quality Assurance / Performance Improvement committee for review and discussion to ensure continued compliance.		