

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345116</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>2/23/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STARMOUNT HEALTH AND REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 S HOLDEN ROAD GREENSBORO, NC</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 514</b>	<p>483.70(i)(1)(5) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>(i) Medical records.</p> <p>(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to document that wound care was performed for 1 of 1 resident's reviewed for pressure ulcers (Resident #1).</p> <p>Findings Included:</p> <p>Resident #1 was admitted to the facility on 2/9/17 with the current diagnosis of diabetes and hypertension. Resident's #1 Treatment Administration Record (TAR) dated 2/1/17 through 2/28/17 revealed there were no documentation to support that treatments were being completed to the resident's right buttock pressure ulcer from 2/13/17 to 2/20/17.</p> <p>The wound care nurse was interviewed on 2/22/17 at 1:07 PM. She stated that prior to 2/21/17, the resident's right buttock wound was getting hydrogel and a dry dressing applied. She stated she thought the right buttock dressing was being changed daily prior to 2/20/17.</p>
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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

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<b>F 514</b>	<p>Continued From Page 1</p> <p>The weekend wound care nurse was interviewed on 2/23/17 at 12:49 PM. She stated Hydrogel was being applied to the stage II pressure ulcer to the right buttock before 2/20/17. She stated she would document dressing changed on the Treatment Administration Record (TAR). She didn't get a chance to document that the dressing changed last weekend for the wound on the buttock. She stated she didn't see it documented on the TAR but knows she had just put a dry serial dressing over the buttock wound.</p>
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