

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

PRINTED: 07/05/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345227</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/01/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTE AT REIDSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>543 MAPLE AVENUE REIDSVILLE, NC 27320</b>	
(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 000	INITIAL COMMENTS	F 000		
F 281 SS=D	<p>There was no citation, related to CI, Event ID NPEF11, 6/1/17</p> <p>483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>(b)(3) Comprehensive Care Plans</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to apply an antifungal cream as ordered by the physician for 1 of 1 sampled resident (Resident #1).</p> <p>Findings included: Resident #1 was admitted on 05/30/16 with the diagnosis in part of dementia, diabetes mellitus and chronic urinary tract infection. The most recent annual minimum data set (MDS), dated 03/28/17, and revealed she was severely cognitively impaired and required extensive assistance with toileting. She had no skin impairment at the time of the assessment. She was frequently incontinent of bladder and always incontinent of bowel. Review of the current care plan, dated 04/04/17, revealed Resident #1 had potential for pressure ulcer development related to the history of ulcers, immobility, incontinence and diabetes. The goal was to maintain intact skin, free of redness, blisters or discoloration. The approaches were in part, to administer medications as ordered,</p>	F 281	<p>Corrective action has been accomplished for the alleged deficient practice in regards to Resident #1. The Licensed nurse applied the anti-fungal cream as ordered on 6/1/17. A Physician order was received on 6/2/17 to discontinue antifungal cream due to areas were healed.</p> <p>Current facility residents have the potential to be affected by the alleged deficient practice. The Director of Nursing completed a audit of treatment orders on 6/15/17 for current facility residents, to identify residents that does not have documentation to support treatment was provided as ordered by the physician. The physician was notified for residents identified.</p> <p>Measures put into place to ensure the alleged deficient practice does not recur include: The Director of Nursing (DON)</p>	6/29/17

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

TITLE

(X6) DATE

Electronically Signed

06/15/2017

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 281	<p>Continued From page 1</p> <p>monitor/document for side effects and effectiveness. Obtain weekly skin checks and document, notify physician of any changes seen in skin integrity.</p> <p>Review of nursing note dated 05/12/17, revealed Situation, Background, Assessment, Recommendations (SBAR), reporting yeast infection to the peri area to the physician. Review of the physician order, dated 05/12/17, "Clean bottom with soap and water, pat dry, apply Moisture Barrier Antifungal Cream (Baza Cream) every incontinent episode. (Kept in bedside) sic every shift for Yeast Infection."</p> <p>Review of the treatment administration record for 05/12/17- 05/31/17, revealed antifungal cream was not documented as applied per order for day shift (7AM- 3PM) on 05/16, 5/19, 5/21, 5/27 and 5/30, and on the evening shift (3PM- 11PM) on 05/ 20, 21, 22, 26th for 9 of 58 doses and 1 of 1 dose on the day shift 06/01/17</p> <p>On 06/01/17 at 12:07 PM, an observation of incontinent care of Resident #1, provided by Nursing Aide (NA) #1 revealed after the incontinent product was removed, the groin area was observed to have a powder, and the inner buttock area was bright red. NA #1 wiped Resident #1 with the disposable wash cloth. Resident #1 said she had to urinate and it was burning. She was taken to the toilet and a stock barrier cream (peri-guard) was applied. During observation interview NA #1 indicated the nurse applied the antifungal cream</p> <p>On 06/01/17 at 3:35 PM, Nurse #1 indicated the antifungal cream wasn't applied. She didn't have any antifungal cream and that the Nurse Supervisor (NS) had ordered the cream. Nurse #1 was unclear how often to apply the antifungal cream.</p>	F 281	<p>provided in service education beginning on 6/15/17, for licensed nurses, regarding process for completing and documenting treatment orders according to physician orders. The DON and/or unit managers will review the Treatment Administration Record (TAR) 5 times a week for 4 weeks, then weekly for 3 months to identify that treatment orders are completed and documented according to physician orders.</p> <p>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 281	<p>Continued From page 2</p> <p>On 06/01/17 at 3:45 PM, the NS read the order and indicated the antifungal cream was applied every day every shift. The cream was kept in the medication cart and not at the bedside. She indicated the antifungal cream was a stock medication in the facility. The supply clerk brought a new tube of the antifungal cream into the NS's office.</p> <p>On 06/01/17 at 4:45PM, the Director of Nursing indicated the antifungal cream was applied after every incontinent episode by the nurse. The antifungal cream was kept in the treatment cart. The expectation was when the nurse observed the yeast infection was healed, the nurse reported it to the physician and discontinued the medication.</p> <p>On 06/01/17 at 5:00 PM, the Nurse Practitioner observed Resident #1's rash area, she indicated the rash had improved, but there was continued redness to the inner buttock area. The Nurse Practitioner stated the antifungal cream needed to be applied after every incontinent episode.</p>	F 281			