

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/26/2018
NAME OF PROVIDER OR SUPPLIER ANSON HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 405 SOUTH GREENE STREET WADESBORO, NC 28170	
(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 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff and family interviews, the facility failed to collect the urine sample for urinalysis and culture and sensitivity as ordered for 1 of 3 residents reviewed for urinary tract infection (Resident #2).</p> <p>Findings include: Resident #2 was admitted on 9/16/16. The diagnoses were cognitive communication deficit, dysphagia, emphysema, dementia without disturbance, repeated falls, and neuromuscular dysfunction of the bladder unspecified.</p> <p>Resident #2 ' s return Minimum Data Set dated 3/3/18 revealed the resident returned from the hospital for congestive heart failure. The resident had a severely impaired cognition and required total extensive assistance of 2 staff members.</p> <p>Nurses ' note dated 3/3/18 revealed Resident #2 had returned from the hospital with diagnoses of congestive heart failure, mitral regurgitation, and pleural effusion. The Hospice nurse was scheduled to evaluate the resident for services secondary to end-stage cardiac disease.</p>	F 684	<p>The plan of correcting the specific deficiency. An order was received for resident # 2 on 3/21/18 to obtain a urinalysis with culture and sensitivity. This order was processed, however the nursing staff did not obtained the specimen. 3/25/18 Urinalysis for resident #2 was obtained.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited: All orders for urinalysis have been audited to ensure orders processed and lab specimens obtained. No other compliance issues noted. Completed 3/27/18 Lab orders will be entered into EMAR, ELAB, and the facility lab tickler. These orders will be reviewed every morning Monday thru Friday in clinical meeting by Director of Nursing, Assistant Director of Nursing, Unit Manager, and RN Supervisor to ensure lab specimens have been obtained and sent to the appropriate lab for processing. Any lab order for a</p>	4/7/18

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

TITLE

(X6) DATE

Electronically Signed

04/06/2018

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 684	<p>Continued From page 1</p> <p>Nurses ' note dated 3/20/18 revealed that Resident #2 complained of lower abdominal pain and the physician was informed. An immediate radiograph of the abdomen (STAT KUB) was ordered. The resident had a catheter placed for urinary retention. The urine return was immediate of 200 cubic centimeters (ccs) of urine. By the end of the shift 1400 ccs of urine had returned. The resident ' s vital signs were stable and he was without fever.</p> <p>Nurses ' note dated 3/21/18 revealed the physician was in to evaluate Resident #2. A lab order for blood chemistry and urine urinalysis (UA) and culture and sensitivity (C&S) was written. The resident had no temperature.</p> <p>No record of the UA & C&S being sent and no result was identified in the record.</p> <p>Nurses ' note dated 3/25/18 documented a UA and C&S urine specimen was collected and sent to the lab.</p> <p>Resident #2 ' s vital signs log revealed his last temperature was taken on 3/20/18 and was within normal limits.</p> <p>Nurses ' note dated 3/25/18 at 11:39 pm resident #2 ' s vital signs were blood pressure 109/55, pulse 73, respirations 73, and temperature 98.4.</p> <p>On 3/25/18 at 5:20 pm an interview was conducted with Resident #2 ' s son. The son stated that his father was recently evaluated for a urinary tract infection. The son stated that the staff identified the infection in a timely manner and he had no concerns.</p> <p>On 3/26/18 at 12:30 pm an interview was</p>	F 684	<p>urinalysis received on the weekend will be reviewed per weekend supervisor to ensure compliance.</p> <p>Nursing staff educated on urinalysis protocol completed: 4/7/2018</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and /or in compliance with regulatory requirements:</p> <p>Lab orders will be entered into EMAR, ELAB, and the facility lab tickler. These orders will be reviewed every morning Monday thru Friday in clinical meeting by Director of Nursing, Assistant Director of Nursing, Unit Manager, and RN Supervisor to ensure lab specimens have been obtained and sent to the appropriate lab for processing. Any lab order for a urinalysis received on the weekend will be reviewed per weekend supervisor to ensure compliance. This is a process change and will be ongoing.</p> <p>Results of urinalysis and lab audits conducted Monday thru Friday, and weekends per weekend supervisor and reviewed in clinical meeting will be reviewed monthly in Quality Assurance meeting to ensure compliance and evaluate the need for further monitoring.</p> <p>The title of the person responsible for implementing the acceptable plan of correction: Director of Nursing Dates when corrective action will be completed: 4/7/2018</p>		

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

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F 684	Continued From page 2 conducted with the Clinical Nurse Specialist (CNS). The CNS stated that the collection of the urine UA & C&S ordered on 3/21/18 was missed. The chemistry lab was completed. The missed UA & C&S was identified and sent on 3/25/18. On 3/26/18 at 1:00 pm an interview was conducted with the Director of Nursing (DON). The DON stated that her expectation was for staff to carry out the physician ' s order as written on the date expected.	F 684		