

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/10/2018
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NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 121 RACINE DRIVE WILMINGTON, NC 28403
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F 551 SS=D	<p>Rights Exercised by Representative CFR(s): 483.10(b)(3)-(7)(i)-(iii)</p> <p>§483.10(b)(3) In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.</p> <p>(i) The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the representative.</p> <p>(ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law.</p> <p>§483.10(b)(4) The facility must treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(5) The facility shall not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(6) If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns when and in the manner required under State law.</p>	F 551		4/30/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/26/2018
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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 correction is requisite to continued program participation.

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F 551	<p>Continued From page 1</p> <p>§483.10(b)(7) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.</p> <p>(i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the representative's authority.</p> <p>(ii) The resident's wishes and preferences must be considered in the exercise of rights by the representative.</p> <p>(iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff interviews, the facility failed to obtain documentation that the resident #1's representative has been delegated the necessary authority to exercise the resident's rights and did not verify that a court-appointed representative had the necessary authority for the decision-making, and failed to ensure that it had access to documentation of any change related to the delegation of rights.</p> <p>The findings included:</p> <p>A hospital discharge summary note dated 04/5/18 revealed the hospital did not have a written health care proxy (HCP). Resident #1's daughter was</p>	F 551	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F551</p> <p>1. Plan for correcting specific deficiency. The process that led to deficiency cited.</p>		

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F 551	<p>Continued From page 2</p> <p>power of attorney (POA). Both wife and daughter elected do not resuscitate (DNR), and do not intubate (DNI).</p> <p>During the initial chart review on Sunday, 04/08/18, revealed Resident #1's chart listed a family member as the RP, with no supporting documentation delegating her as such. Also, the resident had a living spouse, who should have been the resident's Responsible Party (RP) and was not listed as such, or did not have any contact information or documentation in the resident's medical chart delegating authority as next of kin.</p> <p>During an interview with the facility Administrator on 04/11/18 at 1:33 PM., the Administrator indicated that the daughter was listed as the RP in Resident #1's chart, but only had documentation listing her as the financial power of attorney (POA) and did not have any documentation delegating her as the RP or health care proxy (HCP) as listed in the resident's chart. He said he did not know there was a spouse until the resident went to the hospital on 03/31/18 and failed to ask previously if the resident had a spouse, just listed the daughter as the RP since she was the financial POA.</p>	F 551	<p>The facility failed to obtain documentation that a resident's representative has been delegated the necessary authority to exercise the resident's rights and did not verify that a court-appointed representative had the necessary authority for the decision-making, and failed to ensure that it had access to the documentation of any change related to the delegation of rights.</p> <p>The facility administrator and residents have the expectation that the facility will provide access to resident health information and notification of residents' significant changes to the residents themselves and those individuals who have legal rights to such.</p> <p>2. Procedure for implementing the acceptable plan of correction.</p> <p>On 4/26/2018 an audit was conducted to assure that the facility possessed current contact information for individuals who have legal access to resident health information and notification.</p> <p>On 04/23/2018 an in-service education was begun to all full-time, part-time, and as needed Department Directors, Nurses and Therapy staff. Topics included:</p> <ul style="list-style-type: none"> • Facility must provide resident health information and notification to next of kin. • Facility must provide resident health information and notification to individuals with legal documentation giving them the right to such. <p>On 4/16/2018A UDA was implemented as</p>		

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F 551	Continued From page 3	F 551	<p>part of the Social assessment to be done during the admission and quarterly MDS assessments that assures that the facility has the most current contact information for the individuals who have legal access to resident health information and notification.</p> <p>3. 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>The Social Worker will provide to a report of the UDA results monthly x 3 months using the Current Contact Information Quality Assurance Monitor. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly Quality Assurance Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Manager.</p> <p>4. The title of the person responsible for implementing the plan of correction.</p> <p>The Administrator is responsible for implementation and completion of the acceptable plan of correction.</p>		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)	F 692		4/30/18	

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F 692	<p>Continued From page 4</p> <p>§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews the facility failed to assess and address weight loss for 1 of 3 residents reviewed for nutritional status (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 08/31/17 with the diagnoses of hemiplegia, cerebral infarction, and dysphagia.</p> <p>A review of the physician order's on 08/31/17 for Resident #1 revealed a pureed double portions diet. And on 09/6/17 a physician order was noted to give med pass 120 milliliters three times per day for sixty days.</p>	F 692	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F692</p> <p>1. Plan for correcting specific deficiency. The process that led to deficiency cited. The facility failed to assess and address</p>		

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F 692	<p>Continued From page 5</p> <p>A review of Resident #1's weights revealed on 08/31/17 - 170 lbs. (admission weight), 09/8/17 - 172 lbs., 09/15/17 - 169 lbs., 09/22/17 - 169 lbs., 09/26/17 - 167 lbs., 10/4/17 - 173 lbs., 11/13/17 - 166 lbs., 12/8/17 - 169 lbs., 01/9/19 - 171 lbs., 02/2018 - monthly weight not done., and on 03/12/18 weight 150 lbs. not entered into point-click-care electronic system until 04/1/18 per Director of Nursing (DON).</p> <p>Resident #1's quarterly 03/15/18 Minimum Data Set (MDS) indicated that resident had severe cognitive impairments. The resident needed extensive assistance with toilet use, eating, bathing, and personal hygiene.</p> <p>Review of the care plan dated 03/9/18 revealed Resident #1's had abnormal weight loss with a potential nutritional problem related to needing assistance with meals. The interventions included double portions, record and report to MD significant weight loss (example 3 pounds in 1 week, > 5% in one month, >7.5% in 3 months, >10% in 6 months), and serve diet as ordered in the main dining room.</p> <p>A review of the dietary review on 08/31/17 revealed Resident #'s portions was adequate, 76-100% of meals eaten, weight 168.9 pounds, which was stable. On 12/11/17 Resident#1's diet of double portions was adequate, 76-100% of meals eaten, weight 168.9 pounds, which was stable. And on 03/15/18 Resident #1 's diet with double portions, 76-100% of meals eaten, weight 170.8 pounds, which was also stable.</p> <p>A Physician Assistant (PA) note dated 02//19/19 at 11 20 AM revealed the PA was following up on</p>	F 692	<p>weight loss for 1 of 3 residents reviewed for nutritional status (Resident #1). For resident #1, the resident was transferred to the emergency room due to an altered mental status on 03/31/2018 and was admitted. The resident did not return to the facility. Upon record review the monthly weight for February had been missed and the weight for March had not been entered.</p> <p>On 04/08/2018 the Director of Nursing ran a monthly weight report for the month of April 2018 to ensure all monthly weights had been obtained and entered into PCC (Point Click Care). Findings: All current resident's weights have been entered into PCC.</p> <p>A weight review meeting was held on 04/09/2018, the Nurse Management team and Dietary Manager reviewed all current residents for significant weight loss over the past 90 days. Residents identified with a significant weight change had their orders reviewed for appropriate interventions. New interventions were put in place as recommended by the Dietary Manager and/or Registered Dietician and as ordered by the MD. This was completed on 04/10/2018.</p> <p>2. Procedure for implementing an acceptable Quality Improvement Plan. On 04/06/2018 the DON was educated on the process for ensuring monthly weights are obtained and entered into PCC. This was completed by the Clinical Nurse Consultant. Topics included: Effective 04/06/2018, the Director of Nursing will</p>		

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F 692	<p>Continued From page 6</p> <p>a pharmacy recommendation for stopping Remeron at that time. She documented the patient was eating well and his weight was maintaining, so she would stop Remeron. She documented she would continue to monitor weight and sleep habits and consider restarting if needed.</p> <p>An interview on 04/9/18 at 11:35 AM with the Director of Nursing (DON) revealed the facility failed to weigh Resident #1 in the month of February/2018, and failed to enter Resident #1's March/2018 weight of 150 pounds into their electronic system. And since the resident's March weight was not entered into their point click care electronic system, the abnormal weight did not trigger a weight report for their Quality of Life committee to review. She said their electronic system was set up to trigger a report when residents ' weight or weights were abnormal, and from the weight report the resident would be re-evaluated by the MD and dietitian. The DON said the facility set up a plan of correction dated 04/03/18, which stated "all monthly weights will be input into point click care by the 10th of every month." She said Resident #1's February/2018 monthly weight was not taken, and should have been. She said the resident's March/2018 weight was taken, but was not entered into their system, in order to alert their quality of life team, MD, and dietitian of the resident's weight of 150 pounds, and should have been.</p> <p>An interview on 04/9/18 at 4:00 PM with the Registered Dietitian (RD) revealed that when she last saw the resident on 03/15/18 she used the resident ' s most current weight in the system dated 01/9/18 = 171 pounds, for her assessment.</p>	F 692	<p>print and review the monthly weight report prior to the 15th of every month to ensure 100% compliance with monthly weights. Prior to the 20th of every month, the Nurse Management team and Dietary Manager will review the monthly weights for significant weight changes. When significant weight changes are identified, the dietary manager or Registered Dietitian will recommend interventions.</p> <p>3. Monitoring Procedure to ensure that the identified areas for improvement are effective and change is sustained. A quality assurance monitor Weight Monitoring will be completed by the Director of Nursing or designee monthly times three months or until resolved by the Quality Assurance Committee. The Weight Monitor will include auditing residents for completion of monthly weights and to ensure any significant weight changes are reviewed and interventions put in place. Reports of the audit will be given by the Director of Nursing to the monthly Quality of Life- QA committee and corrective action initiated as appropriate. The Quality of Life committee consists of the Director of Nursing, Administrator, Staff Development Coordinator, Dietary Manager, Wound Nurse, Minimal Data Assessments Nurse and Support Nurse and Health Information Management and meets monthly.</p> <p>4. The title of the person responsible for implementing the plan of correction. The Administrator is responsible for implementation and completion of the</p>		

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F 692	<p>Continued From page 7</p> <p>She said the resident's weights were stable, he was eating and drinking everything (>75%) that was placed in front of him, hydration labs were stable, and the resident was on double portions since 08/31/18. She said if she knew the Resident #1 ' s weight on 03/12/18 was 150 pounds, she would have reassessed the resident, and maybe would have added an additional supplement per DON and dietary manager recommendation. The RD said when she saw the resident on 03/15/18 he appeared at baseline, with no signs or symptoms of dehydration or malnutrition. She said, the aides told her on 03/15/15 that the resident ate and drank everything on his plate, even with double portions.</p> <p>An interview on 04/10/18 at 9:30 AM with Resident #1's Medical Doctor (MD) revealed she saw Resident #1 at the hospital on 03/31/18 for health care pneumonia, and hypernatremia. She said the resident ' s renal function was okay, weight was 155 lbs., and he was started on an antibiotic infusion. The MD said any person ' s sodium level could rise very quickly, and could take two days or less to elevate or decrease. The MD said Resident #1's February/2018 sodium level was normal. She said Resident #1's Creatinine level of 2.16 was okay up until a couple of days before the resident was hospitalized. She said the resident did not have renal failure upon hospital admission, and that his Creatinine lab level was not high and did come down during the hospital stay. She said it was possible the resident aspirated in the hospital. She said the resident's sodium level had decreased down to 168 on 04/4/18. The MD said Resident #1 had health care acquired pneumonia/hypernatremia, and was eating and drinking when he was admitted to the hospital.</p>	F 692	acceptable plan of correction.		

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F 692	Continued From page 8 She said the aspiration/pneumonia may have happened in the hospital. An interview on 04/10/18 at 12:40 PM with the Physician Assistant (PA) revealed on 03/27/17 she visited Resident #1 who was moving in his chair fine, was non-verbal, appeared normal, ate well, and seemed to be in his normal realm. She said the resident's skin and mouth membranes were normal, and his lips were not chapped. She said nothing appearance wise was out of the normal for Resident #1. He had no changes physically, was followed by dietary, and his Albumin lab showed no concern. The PA said Resident #1 did not appear malnourished or dehydrated. She said the resident's weight should have been taken in February, and was not. The PA said the resident's labs were checked every 4-6 months and was reviewed by the RD. She said the resident had a good appetite up to discharge. She said the day of her visit on 03/27/18, the resident's appearance was normal, and he ate and drank normally. She said Resident #1 ate all his meals in the dining room with supervision and assistance.	F 692			