

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2018
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MYERS PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PROVIDENCE ROAD CHARLOTTE, NC 28207
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F 689 SS=D	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, and record review, the facility failed to secure a side rail on a shower stretcher for 1 of 3 sampled residents who required assistance with showers (Resident #2).</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 03/26/15 with diagnoses which included left below the knee amputation, diabetes mellitus, and chronic kidney disease.</p> <p>Review of Resident #2's quarterly Minimum Data Set (MDS) dated 05/30/18 revealed an assessment of intact cognition. The MDS indicated Resident #2 required the total assistance of 2 persons with transfer and the total assistance of one person with bathing. Resident #2 had no falls.</p> <p>Review of a nursing note dated 08/17/18 revealed Resident #2 fell from the shower stretcher onto the floor of the shower room. Resident #2 complained of right shoulder, head and neck pain and received an emergency room evaluation.</p>	F 689	<p>The identified shower stretcher was removed from use and patient care services (8.17.18). The shower stretcher's side rail was immediately repaired. It was later replaced with new equipment.</p> <p>All equipment utilized for patient care will be assessed to ensure proper functioning and good working condition(11.16.18).</p> <p>To help ensure the deficient practice does not reoccur, facility staff will be retrained on assessing patient care equipment prior to use. Facility staff will also be retrained on the proper notification to management or facility maintenance of patient care equipment in need of repair or removal from service (11.20.18).</p> <p>An audit of patient care equipment will be conducted by the facility maintenance director three times weekly for one month. The audit will then be conducted twice weekly for two months, and once per month for three months.</p>	11/20/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/14/2018
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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 689	<p>Continued From page 1</p> <p>Review of Resident #2's emergency room evaluation dated 08/17/18 revealed negative results from a shoulder x-ray and CT scans of the head and spine. Resident #2 returned to the facility with direction to wear a cervical collar.</p> <p>Review of Resident #2's care plan revised 08/17/18 revealed an additional intervention added to prevent falls. The addition directed "staff to ensure equipment is functioning properly to each use."</p> <p>Review of a nursing note dated 08/19/18 revealed Resident #2 refused to wear the cervical collar.</p> <p>Review of a fall investigation report revised 09/03/18 revealed handrails/grab bars were predisposing environmental factors of Resident #2's fall.</p> <p>Interview with Resident #2 on 10/23/18 at 11:20 AM revealed she fell several months ago during a shower. Resident #2 explained Nurse Aide (NA) #1 asked her to turn and grab the side rail of the shower stretcher. Resident #2 reported the side rail came down when she placed her hand on the side rail. Resident #2 reported she rolled off the shower stretcher unto the floor. Resident #2 reported she continued to have mild back pain but did not want to use the cervical collar.</p> <p>Interview with Nurse #1 on 10/23/18 at 11: 42 AM revealed NA #1 reported Resident #2 fell off the shower stretcher. Nurse #1 reported Resident #2 received a physical assessment and an emergency room evaluation when she complained of shoulder, head and back pain. Nurse #1 reported the shower stretcher was taken out of use and the facility obtained a new</p>	F 689	Findings will be reviewed by the administrator weekly. Results will be discussed during the facility's Quality Assessment and Performance Improvement (QAPI) meeting until substantial compliance is determined.		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 689	<p>Continued From page 2</p> <p>shower stretcher. Nurse #1 was not aware of any problem with the shower stretcher side rails prior to Resident #2's shower. Nurse #1 reported the side rail on the stretcher was down when he entered the shower room.</p> <p>Interview with NA #1 on 10/23/18 at 11:55 AM revealed Resident #2 required total assistance with showers and used a shower stretcher. NA #1 reported she could not recall how the fall occurred. NA #1 explained the fall happened suddenly. NA #1 could not remember if the side rail was up or down after the fall or if a problem occurred with the side rails. NA #1 reported she immediately called for Nurse #1 when the fall occurred.</p> <p>Interview with NA #2 on 10/23/18 at 12:25 PM revealed the shower stretcher required the insertion of 2 pins on each side of the shower stretcher to secure the side rails. NA #2 reported the pins required an exact placement and two of the four pins were bent. NA #2 explained the bent pins required "jiggling." NA #2 was not certain if the bent pins had been reported to facility management.</p> <p>Interview with NA #3 on 10/23/18 at 12:35 PM revealed the shower stretcher pins required careful placement to secure the side rails. NA #3 reported the pins used on the prior shower stretcher were difficult to secure.</p> <p>Interview with the Maintenance Director on 10/23/18 at 12:52 PM revealed he took the shower stretcher immediately off the floor when Resident #2's fall occurred. The Maintenance Director explained 2 of the 4 pins were "broken." The Maintenance Director described the 2 pins as</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>"bent." The Maintenance Director reported he replaced the pins since the bent pins would not secure the side rails safely. The Maintenance Director reported the shower stretcher used by Resident #2 on 08/17/18 had been discarded but used safely after replacement of the two pins. The Maintenance Director explained he was not aware of any problems with the shower stretcher until the day Resident #2 fell.</p> <p>A second interview with the Maintenance Director on 10/23/18 at 1:30 PM revealed he checked shower equipment twice monthly but did not document the checks. The Maintenance Director estimated he checked the shower stretcher one week before Resident #2's 08/17/18 fall.</p> <p>Interview with the Director of Nursing (DON) on 10/23/18 at 2:50 PM revealed staff should report problems with equipment immediately. The DON explained management was not aware of any problems with shower stretcher side rail pins until after Resident #2's fall.</p> <p>Interview with the Administrator on 10/23/18 at 3:04 PM revealed the shower stretcher was taken off the nursing floor and examined as part of the fall investigation. The Administrator explained the damaged side rail pins were immediately replaced. The Administrator reported staff should report any issues with resident equipment.</p>	F 689			