

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

PRINTED: 05/21/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345358	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/18/2019
NAME OF PROVIDER OR SUPPLIER LOUISBURG HEALTHCARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549	
(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 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to submit a 24 hour and 5-day report</p>	F 609	The Plan of Correction is provided as a necessary requirement of continued	4/19/19

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

TITLE

(X6) DATE

Electronically Signed

04/24/2019

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 609	<p>Continued From page 1</p> <p>to the State Survey Agency for an injury of unknown origin for 1 of 1 sampled residents (Resident #2). The findings included:</p> <p>Resident # 2 was admitted to the facility on 1/28/19 with diagnoses that included acute kidney failure, dementia, hydronephrosis, seizures and abdominal pain.</p> <p>A review of the admission Minimum Data Set dated 2/11/19 revealed Resident # 2 had moderately impaired cogitation. The assessment also revealed the resident required extensive assistance with bed mobility, dressing, toileting, hygiene, transfers, and limited assistance for walking.</p> <p>Review of nursing note dated 4/6/19 documented the resident ' s Responsible Party called the facility and requested that Resident # 2 be sent out to the Emergency Room (ER) due to complaints of left sided pain. The doctor was called, the order was obtained, and the resident was sent out to ER for evaluation per the family request.</p> <p>A review of the hospital Radiology Report dated 4/6/19 at 4:12 PM, under Findings read: there was a non-displaced fracture involving left distal # 9 rib. Diagnosis Osteopenia.</p> <p>A review of the facility red folder revealed the facility had investigated Resident # 2 ' s injury however there was no documentation to indicate the State Agency had been notified.</p> <p>In an interview on 4/18/19 at 8:25 AM the Administrator stated that they did not think there</p>	F 609	<p>participation in the Medicare and Medicaid program(s) and does not in any manner constitute an admission to the validity of the alleged deficient practice.</p> <p>The facility became aware of Resident #2 having a non-displaced fracture involving left distal #9 rib. Diagnosis Osteopenia on 04/06/19. Fracture reported to have been of undetermined age. Resident had been assessed by nursing on 04/05/2019 and 04/06/19 with no indication of an injury (bruising/redness/scrape/full range of motion without pain). Resident indicated mild pain, possibly gas. Resident #2 had been treated for gas which was relieved with magnesium hydroxide/aluminum hydroxide.</p> <p>On 04/06/19, the facility completed an investigation interviewing staff members and the resident, but were unable to identify any incident that may have resulted in the injury.</p> <p>The facility Administrator/QA Nurse/Nurse Practitioner chose not to report the fracture to the State Agency as there was an osteopenia diagnosis, a fracture reported by the ER charge nurse being of undetermined age and no sign of an injury.</p> <p>The facility submitted a 24 hour and 5 day report to the state agency on 04/17/19.</p> <p>The Administrator/Director of Nursing/QA</p>		

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F 609	<p>Continued From page 2</p> <p>was anything to report as the hospital had added the diagnosis of osteopenia and they thought that was the source of injury.</p> <p>In an interview on 4/18/19 at 8:30 AM the Staff Development Coordinator (SDC) revealed she had investigated the incident and had not reported to the State agency. The SDC revealed Resident # 2 had complained of mild discomfort that was relieved with magnesium hydroxide/aluminum hydroxide. She revealed they notified the Nurse Practitioner, who told them to continue to monitor the resident for pain.</p> <p>In a follow up interview with the Administrator on 4/18/19 at 10:39 AM she stated she would expect staff to report any injury of unknown origin. She stated that they had no pathological indication of injury and staff should have reported Resident # 2 's injury to the State Agency.</p>	F 609	<p>Nurse were retrained by the corporate nurse consultant on the policy of submitting a 24 hour and a 5 day report to the State Survey Agency for an injury of unknown origin on 04/18/19.</p> <p>On 04/19/19, the facility implemented a Reporting to the State Agency Monitoring Tool for Injuries of Unknown Origin. The audit tool will be completed 5 times per week for 3 months. Nursing notes and telephone orders will be reviewed during the daily clinical meeting to identify any potential injury. All injuries identified as being of unknown origin will be reported to the State Agency.</p> <p>Results of the audits tool will be forwarded to the QAPI committee monthly for review and recommendations for three months.</p> <p>The Director of Nursing and QA nurse will be responsible for implementing the acceptable plan of correction.</p>		