

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

PRINTED: 08/28/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345493 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 07/25/2019 |
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| NAME OF PROVIDER OR SUPPLIER HENDERSONVILLE HEALTH AND REHABILITATION | | | STREET ADDRESS, CITY, STATE, ZIP CODE 104 COLLEGE DRIVE FLAT ROCK, NC 28731 | |
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| E 000 | Initial Comments | E 000 | | |
| F 000 | INITIAL COMMENTS | F 000 | | |
| F 641 SS=D | <p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews and record review, the facility failed to accurately code the application of a left resting hand splint on two consecutive Minimum Data Set (MDS) assessments for 1 of 1 resident (Resident #9) reviewed for positioning/mobility.</p> <p>Findings included:</p> <p>A review of Resident #9's medical record revealed her most recent re-admission to the facility was on 9/28/16 with diagnoses of multiple sclerosis and muscle weakness.</p> <p>A review of Resident #9's Restorative Plan dated 11/20/18 revealed the following information: The last treatment day from Occupational Therapy</p> | F 641 | <p>How will Corrective Action be accomplished for residents affected by deficiency: Resident #9 was found to have an incomplete Restorative Nursing Assessment due to incomplete monthly documentation of follow up nurses' note. MDS Coordinator reassessed Resident for Restorative Nursing Services and documented tolerance, progress and need for continuation or discontinuation of restorative nursing services. This was completed on Friday, July 26, 2019.</p> <p>How will Facility identify other residents</p> | 8/16/19 |

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

TITLE

(X6) DATE

Electronically Signed

08/15/2019

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 641 | <p>Continued From page 1</p> <p>(OT) was on 12/3/18 and restorative start date was on 12/4/18. The Restorative Plan addressed continuation of splinting and passive range of motion with directions to apply the left resting hand splint for 4 hours on and 4 hours off a day for 6 days a week.</p> <p>A review of Resident #9's Care Plan which was last updated on 3/12/19 revealed the following approach listed under Activities of Daily Living (ADL) Functional/Rehabilitation Potential: Nurse to ensure left resting hand splint is applied daily. Left resting hand splint to be worn x 4 hours daily as tolerated. Nurse to remove left resting hand splint daily (to be worn x 4 hours daily as tolerated). Monitor for and report to provider and rehabilitation services any indicators of trauma to skin, skin damage/irritation/redness or indicators of pain related to left resting hand splint use.</p> <p>A review of Resident #9's annual MDS Assessment dated 4/12/19 revealed she was cognitively intact, did not refuse treatment and care, and was totally dependent with all ADL. The MDS further indicated no use of splint or brace assistance.</p> <p>A review of Resident #9's quarterly MDS Assessment dated 7/11/19 revealed no use of splint or brace assistance.</p> <p>A review of Resident #9's Restorative Nursing Services flow sheets from December 2018 to July 2019 revealed day to day documentation from the Restorative Aide (RA) of the splint application, signature of the RA and signature of the MDS Coordinator on the front page.</p> <p>On 7/23/19 at 1:55 PM, an observation and</p> | F 641 | <p>having the potential to be affected by the same deficient practice: A complete audit will be conducted for all residents on Restorative Nursing Services for monthly Nurses Notes. This will be completed by MDS coordinator, DON and / or ADON. Any residents found to be in noncompliance will be reassessed by MDS Coordinator for Restorative Nursing Services and a note will be written to support following services. This will be completed by Friday, August 16, 2019</p> <p>What measures will be put in place to ensure that deficient will not recur: Facility Policy and Procedure will be revised to include monthly progress note for Residents receiving Restorative Nursing Services.</p> <p>MDS Coordinator, DON and or ADON will audit monthly Restorative Nursing Services to ensure monthly evaluations are met for Resident's receiving Restorative Nursing Services. MDS Coordinator, DON and or ADON will document monthly on the resident's tolerance, progress and need for continuation or discontinuation of Restorative Nursing Services.</p> <p>MDS Coordinators will be in serviced on coding accuracy of assessments and revised facility policy and procedure for documentation guidelines for residents</p> | | |

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| F 641 | <p>Continued From page 2</p> <p>interview with Resident #9 was conducted. Resident #9 was observed wearing a splint to her left hand. Resident #9 stated she wears the splint daily, but she takes it off during meal times and when she plays bingo.</p> <p>On 7/24/19 at 11:01 AM, an interview with the RA revealed she has been working with Resident #9 since December 2018 providing passive range of motion exercises and applying a splint to her left hand. The RA stated Resident #9 has never refused restorative treatment but Resident #9 usually took her left hand splint off prior to eating or if she was going to bingo. The RA further stated that she would go back and re-apply Resident #9's splint to left hand without problems.</p> <p>An interview with the Rehab Director was conducted on 7/24/19 at 1:40 PM. The Rehab Director stated Resident #9 was currently receiving OT Services but did not include the application of the left resting hand splint. She further stated the RA was responsible for the application of the splint since 12/4/18 when the Restorative Plan started.</p> <p>An interview was conducted with the MDS Coordinator on 7/24/19 at 3:26 PM. The MDS Coordinator stated that Resident #9 was on the Restorative Program from 12/4/18 to present. She stated that in order to code the application of the splint on Resident #9's annual MDS and quarterly MDS, they need to have all the components which included the care plan and the restorative progress notes indicating that the service was provided at least three times during the 7-day look-back period. During this interview, the MDS Coordinator looked at Resident #9's flow sheets and stated that she missed coding</p> | F 641 | <p>receiving restorative nursing services. This will be completed by Thursday, August 22, 2019.</p> <p>Indicate how the facility will monitor it performance to ensure solutions are sustained: MDS Coordinator, DON and or ADON will audit monthly Resident Restorative Nursing Services to ensure monthly evaluations are met for Resident's receiving Restorative Nursing Services.</p> <p>Results will be reviewed by IDT team monthly during QA for any additional changes. QAPI Committee will review monthly for 6 months. Further monitoring will occur as directed by QA Committee.</p> | | |

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| F 641 | <p>Continued From page 3</p> <p>Resident #9's left resting hand splint on both her annual MDS and quarterly MDS. She further stated that she had made an error and was not sure why she did not code the splint for Resident #9. She said the Quarterly MDS dated 7/11/19 was recently completed but hasn't been transmitted yet so she could still make the correction, but she would have to correct the annual MDS dated 4/12/19.</p> <p>On 7/24/19 at 3:45 PM, an interview with the Director of Nursing (DON) was conducted with the Corporate MDS Nurse present. The DON stated that if all the components needed to code the splint on the MDS were present, Resident #9 should have been coded for her left resting hand splint. She further stated that both the annual MDS dated 4/12/19 and the quarterly MDS dated 7/11/19 for Resident #9 were coded inaccurately. She was not sure why the MDS Coordinator had made this error on Resident #9's MDS.</p> <p>On 7/25/19 at 8:06 AM, a follow-up interview with the MDS Coordinator revealed she realized the reason she did not code the splint application on Resident #9's Annual and Quarterly MDS was due to a lack of nursing evaluation and note within the 7-day look-back period. She stated that the nursing evaluation was a descriptive nursing note regarding the application of the splint which could have been written by any nurse. She further stated she was not sure why there wasn't a note in Resident #9's medical record but that she signed off on the Restorative Nursing Services flowsheets once a month.</p> <p>A follow-up interview was conducted with the DON and the Assistant Director of Nursing (ADON) on 7/25/19 at 9:18 AM. Both the DON</p> | F 641 | | | |

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| F 641 | Continued From page 4 and the ADON were unsure about whether a nursing note was required about the splint application on Resident #9. The DON stated that if the MDS Coordinator's signature on the restorative nursing notes was enough evidence that she had evaluated it, then this would be considered as meeting the criteria and all the components were present to code the splint for Resident #9. They both stated that if this was the case, then the annual MDS and the quarterly MDS for Resident #9 were coded incorrectly. On 7/25/19 at 11:06 AM, an interview with the Administrator revealed that it was his expectation that the MDS Coordinator coded Resident #9's MDS assessments accurately and documented on the medical record about Resident #9's progress regarding her splint application. The Administrator further stated that the MDS Coordinator was probably not aware that she should be documenting, and that he would need to re-educate the MDS Coordinator and make sure this issue was corrected. | F 641 | | | |
| F 761 SS=D | Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and | F 761 | | 8/22/19 | |

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| F 761 | <p>Continued From page 5</p> <p>biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and resident and staff interviews the facility failed to store a medication in a locked storage area by leaving a medication unattended in a resident's room for 1 of 1 resident observed to have a medication in their room (Resident #86).</p> <p>Findings included:</p> <p>1. Resident #86 was admitted to the facility 04/20/19 with diagnoses including end stage renal disease and muscle weakness.</p> <p>Review of the admission Minimum Data Set (MDS) dated 04/27/19 revealed Resident #86 was cognitively intact and required extensive assistance with bed mobility, transfers, and dressing.</p> <p>Review of the care plans last updated 07/03/19 revealed Resident #86 was not care planned to self-administer medications.</p> <p>An observation on 07/22/19 at 12:08 PM revealed</p> | F 761 | <p>How will Corrective Action be accomplished for residents affected by deficiency:</p> <p>Resident #86 Medications were left at bedside and resident who is cognitively intact self administered her medications. Nursing Staff was immediately notified of medication left at bedside. Facility Nursing Staff was immediately educated on medication administration to include 6 Rights of Medication Administration and remaining with the resident until all medication has been taken. This was completed on July 23 and 24, 2019.</p> <p>How will Facility identify other residents having the potential to be affected by the same deficient practice:</p> <p>Nursing Staff will be educated prior to scheduled shift on Medication Administration to include 6 Rights of Medication Administration and remaining with the resident until all medication has</p> | | |

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| F 761 | <p>Continued From page 6</p> <p>Resident #86 took 2 white capsules from a medication cup on her meal tray and swallowed them. Resident #86 stated the nurse had brought the pills in a few minutes before and that the nurses did not usually leave medications at the bedside unattended.</p> <p>An interview with Nurse #2 on 07/22/19 at 12:11 PM revealed the 2 capsules in the cup on Resident #86's lunch tray were renagel (a medication that lowers the phosphorous level of people receiving dialysis). Nurse #2 stated she should not have left the medication in Resident #86's room unattended and she should have watched Resident #86 take the medication. Nurse #2 stated she forgot to stay with Resident #86 while she was taking her medication. Nurse #2 stated Resident #86 did not have a Physician's order to self-administer her medication.</p> <p>An interview with the Director of Nursing (DON) on 07/22/19 at 12:19 PM revealed medication should not be left at the resident's bedside and the nurse should visualize the resident taking the medication.</p> <p>An interview with the Administrator on 07/25/19 at 12:30 PM revealed he expected the nurse to be present when residents took their medication.</p> | F 761 | <p>been taken. In-services will be conducted by consultant Pharmacist, Pharmacy RN Nurse Consultant and / or DON or ADON. This will be completed by August 22, 2019.</p> <p>Nursing Staff will be observed for Medication Administration by consultant Pharmacist, Pharmacy RN Nurse Consultant, Unit Managers and / or DON or ADON in the following time frame: Medication Administration Observation Biweekly for the 1st Two Months Medication Administration Observation Monthly for the next Two Months Medication Administration Observation Spot Checked thereafter</p> <p>What measures will be put in place to ensure that deficient will not recur: Nursing Staff will be educated prior to scheduled shift on Medication Administration to include 6 Rights of Medication Administration and remaining with the resident until all medication has been taken. In services will be conducted by consultant Pharmacist, Pharmacy RN Nurse Consultant and / or DON or ADON. This will be completed by August 22, 2019.</p> <p>Nursing Staff will be observed for Medication Administration by consultant</p> | | |

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| F 761 | Continued From page 7 | F 761 | <p>Pharmacist, Pharmacy RN Nurse Consultant, Unit Managers and / or DON or ADON in the following time frame: Medication Administration Observation Biweekly for the 1st Two Months Medication Administration Observation Monthly for the next Two Months Medication Administration Observation Spot Checked thereafter</p> <p>Indicate how the facility will monitor it performance to ensure solutions are sustained: Nursing Staff will be educated prior to scheduled shift on Medication Administration to include 6 Rights of Medication Administration and remaining with the resident until all medication has been taken. In-services will be conducted by consultant Pharmacist, Pharmacy RN Nurse Consultant and / or DON or ADON. This will be completed by August 22, 2019.</p> <p>Nursing Staff will be observed for Medication Administration by consultant Pharmacist, Pharmacy RN Nurse Consultant, Unit Managers and / or DON or ADON in the following time frame: Medication Administration</p> | | |

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| F 761 | Continued From page 8 | F 761 | <p>Observation Biweekly for the 1st Two Months Medication Administration Observation Monthly for the next Two Months Medication Administration Observation Spot Checked thereafter</p> <p>Results will be reviewed by IDT team monthly during QA for any additional changes. QAPI Committee will review monthly for 6 months. Further monitoring will occur as directed by QA Committee.</p> | | |