

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

PRINTED: 10/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/16/2020
NAME OF PROVIDER OR SUPPLIER MERIDIAN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		
(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 An unannounced on-site complaint and revisit survey was conducted on 9-16-20. Event ID# KG5512 33 of the 33 complaint allegations were not substantiated. The facility remains out of compliance at F600. Tags F609 and F812 were in compliance as of 9/16/20.	{F 000}			
{F 600} SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observations record review, resident and staff interviews and Nurse Practitioner (NP) interview the facility neglected to apply physician ordered bilateral lower extremity wraps and compression stockings for the treatment of edema for 2 of 3 sampled residents (Resident #8	{F 600}	Preparation and/or execution of this document and Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. These documents and Plan	10/7/20	

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

TITLE

(X6) DATE

Electronically Signed

10/02/2020

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 600}	<p>Continued From page 1 and Resident #10) reviewed for edema. Staff failed to apply gauze and bandage wraps to Resident #8's bilateral lower extremities daily as ordered which resulted in the resident experiencing leg pain on an almost daily basis.</p> <p>Findings included:</p> <p>1. Resident #8 was admitted to the facility on 10-23-13 with multiple diagnosis that included chronic diastolic heart failure, localized edema, peripheral vascular disease and chronic obstructive pulmonary disease.</p> <p>Review of grievances from May 2020 through August 2020 revealed a grievance from Resident #8 dated 5-23-20 where the resident stated his legs were not being wrapped everyday and unwrapped at night. The corrective action documented in part; staff would make sure dressings were changed as ordered and communicated to nursing staff.</p> <p>Resident #8's physician order dated 6-10-20 revealed the following order; wrap bilateral lower extremities with gauze and bandage wraps in the morning for swelling.</p> <p>The quarterly Minimum Data Set (MDS) dated 6-12-20 revealed Resident #8 was cognitively intact.</p> <p>Resident #8's care plan dated 7-3-20 revealed a goal the resident would not show any signs of skin breakdown. The interventions associated with the goal were in part; apply compression dressings as ordered.</p> <p>Resident #8's Medication Administration Record (MAR) and the Treatment Administration Record</p>	{F 600}	<p>of Correction are prepared and/or executed solely because they are required by provisions of federal and state law. Let these documents and Plan of Correction serve as this facility's credible allegation of compliance.</p> <p>The following plan of correction is being submitted because it is required under federal law and is not an admission of any wrong doing or the existence of any deficiency under the Medicare or Medicaid Programs. This plan of correction is not an admission that there are measures or steps that the facility could have or should have taken to address the alleged deficiency in the past.</p> <p>F0600 Free from Abuse and Neglect.</p> <p>1) The following was completed as corrective action for the resident found to have been affected by the alleged practice. Resident #8 chart was reviewed and appropriate orders were obtained and initiated regarding treatment of lower extremities. Resident had a pain assessment completed on 10/02 by Center Nurse Executive with appropriate follow up as needed. Resident #10 chart was reviewed and order for TED hose was discontinued due to resident no longer needed and refuses to wear.</p> <p>2) In order to identify other residents having the potential to be affected by the same alleged deficient practice, the following will be completed. All of the residents with congestive heart failure</p>	

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{F 600}	<p>Continued From page 2</p> <p>(TAR) were reviewed from 7-28-20 to 9-11-20 and revealed no documentation of the physicians ordered treatment for bilateral lower extremities wrap for swelling was performed. The MAR also revealed Resident #8 was not prescribed any pain medication.</p> <p>The nursing documentation for Resident #8 was reviewed from 7-28-20 to 9-11-20 and revealed no documentation the wraps were placed on the resident nor was there documentation Resident #8 was refusing the wraps to be applied each morning.</p> <p>During an interview with Resident #8 on 9-10-20 at 10:15am, the resident voiced concern stating, "I was told by the doctor a couple months ago that my legs were to be wrapped and they have not been." The resident also stated he has had edema in his legs and feet for the last 2 months and when he tried to stand to get into his wheelchair, he had pain in his legs and feet that the resident rated an 8 (on a pain scale from 1 being lowest and 10 being highest) and stated "almost every day". He also stated he had informed the nursing staff of his pain and needing his legs wrapped but Resident #8 stated "staff did not do anything".</p> <p>Observation of Resident #8 occurred on 9-10-20 at 10:15am. The observation revealed Resident #8's edema to his bilateral legs and feet, where the ankle joints could not be seen, and the resident was unable to bend his toes. There were no wraps observed on the resident's bilateral lower extremities.</p> <p>Nurse #1 was interviewed on 9-10-20 at 11:00am. Nurse #1 was observed looking at Resident #8's</p>	{F 600}	<p>(CHF) diagnosis will be reviewed by the interdisciplinary team for appropriate treatment orders for any related skin concerns. 100% audit of current residents skin will be performed by nursing leadership to ensure that orders were on the Treatment Administration Record starting on 10/2/20 and completing on 10/6/20.</p> <p>3) In-services for abuse/neglect, grievance process, partner rounds for all staff and education on putting in treatment orders into Point Click Care and pain management for all LPN/RN's will be completed by the Nurse Practice Educator and/or the Center Nurse Executive. Education will include FT, PT, PRN and agency staff and will be included in new hire orientation. In servicing beginning on 10/2/20 and completed on 10/6/20.</p> <p>4) Treatment orders audits will be completed weekly x 4 and with all new admissions. Pain assessment audits weekly x 4 and with all new admissions. Audits completed by CNE or designee. Audit of Partner Rounds weekly x 4. Audit of grievance completion/follow up weekly x 4. Audits will be completed by the CED or designee. Results of these audits will be brought before the Quality Assurance and Performance Improvement Committee monthly with the QAPI Committee responsible for ongoing compliance.</p>		

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{F 600}	<p>Continued From page 3</p> <p>MAR and TAR for September 2020 and she stated, "The resident does not have an order on here for bilateral wraps to his lower extremities." Nurse #1 said Resident #8 had not voiced any concerns related to pain in his legs or feet but had asked about his leg and feet wraps being applied. She further stated she would inform the wound care nurse of Resident #8's edema.</p> <p>The wound care nurse was interviewed on 9-10-20 at 1:20pm. The wound care nurse said she was not aware of the order written in June 2020 for Resident #8 and was not aware the bilateral wraps to his lower extremities were not being applied each morning. She further commented, "I usually do not see a resident unless they have an open wound so I would not be made aware that wraps were ordered." The wound care nurse confirmed she was informed by Nurse #1 of Resident #8's edema and would review the resident's orders.</p> <p>During an interview with the nurse practitioner (NP) #1 on 9-14-20 at 9:57am, the NP confirmed she had written the order for bilateral lower extremity wraps due to edema for Resident #8 in June 2020 but stated she was not aware the order was not on the MAR or TAR or that there was no documentation of the wraps being placed on the resident. The NP discussed she had noticed when she saw Resident #8, he did not have the wraps present but had been told by nursing staff Resident #8 would refuse the wraps.</p> <p>The Director of Nursing (DON) was interviewed on 9-16-20 at 1:30pm. The DON stated she did not know how the order was not on Resident #8's MAR or TAR and said, "since our last survey we have been double checking the orders to make</p>	{F 600}			

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{F 600}	<p>Continued From page 4</p> <p>sure they are documented on the MAR or TAR and have put processes in place so this did not happen." The DON confirmed the staff were not applying Resident #8's bilateral lower extremities wraps each morning as ordered.</p> <p>2. Resident #10 was admitted to the facility on 7-24-19 with multiple diagnosis that included bilateral primary osteoarthritis of knee and effusion of the left knee.</p> <p>A physician order dated 7-21-20 revealed an order for bilateral Thrombo-Embolus Deterrent (TED) hose (compression stockings) to be placed in the morning to lower extremities for edema.</p> <p>The annual Minimum Data Set (MDS) dated 7-30-20 revealed Resident #10 was cognitively intact and was independent with set up for dressing.</p> <p>Resident #10's care plan dated 8-19-20 revealed goals and interventions for activities of daily living. The care plan did not include goals or interventions related to edema.</p> <p>Resident #10's Medication Administration Record (MAR) and Treatment Administration Record (TAR) was reviewed from 7-28-20 to 9-11-20 and revealed no order for bilateral TED hose to be placed in the morning to lower extremities for edema.</p> <p>Resident #10's nursing notes were reviewed from 7-28-20 to 9-11-20 and revealed no documentation of the resident's TED hose being placed on his bilateral extremities nor was there documentation of the resident refusing to have the TED hose placed.</p>	{F 600}			

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{F 600}	Continued From page 5 Resident #10 was observed on 9-10-20 at 12:14pm. The resident was noted to be in the bed with no TED hose present. Attempted to speak to the resident but he stated he did not want to talk. The resident was also observed to have slight swelling to his bilateral lower extremities. Nurse #1 was interviewed on 9-10-20 at 2:43pm. Nurse #1 was observed looking at Resident #10's MAR and TAR for September and she stated, "The resident does not have an order for TED hose to his lower extremities." She further stated if there was an order written for TED hose the order would have been placed on the TAR. The wound care nurse was interviewed on 9-10-20 at 1:20pm. The wound care nurse said she was not aware of the order written in July 2020 for Resident #10 to have TED hose applied bilaterally and was not aware the TED hose were not being applied. She further commented, "I usually do not see a resident unless they have an open wound so I would not be made aware that TED hose was ordered." NP #2 was interviewed on 9-15-20 at 12:07pm. The NP confirmed she had written the order for Resident #10 to receive TED hose to his bilateral extremities for edema in July 2020. She further stated she was not aware the order had not been documented on Resident #10's MAR or TAR and did not know why it had not been transcribed. NP #2 also stated the last "couple times" she saw Resident #10 he did not have any bilateral swelling to his lower extremities. The Director of Nursing (DON) was interviewed on 9-16-20 at 1:30pm. The DON stated she did	{F 600}			

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{F 600}	Continued From page 6 not know how the order was not on Resident #10's MAR or TAR and said, "since our last survey we have been double checking the orders to make sure they are documented on the MAR or TAR and have put processes in place so this did not happen." The DON confirmed the staff were not applying Resident #10's bilateral lower extremities hose each morning as ordered.	{F 600}		