

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

PRINTED: 01/07/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/06/2020
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 ERWIN ROAD DURHAM, NC 27705	
(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 A Complaint investigation survey was conducted from 10/12/20 through 11/6/20. Event ID# H9BY11. 11 of the 37 complaint allegations were substantiated resulting in deficiencies	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.	F 550		12/16/20

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

TITLE

(X6) DATE

Electronically Signed

10/23/2020

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 550	<p>Continued From page 1</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, Responsible Party interviews, Nurse Practitioner interview, Director of Nursing interviews and Administrator interviews; the facility failed to maintain dignity and preference by allowing the laboratory service to obtain a blood specimen at 3:55am during normal sleep hours for 1 of 3 resident (Resident #5).</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on 04/08/13 with diagnoses that included Traumatic Brain Injury (TBI), Diabetes and contractures of the upper and lower extremities.</p> <p>A review of the Quarterly Minimum Data Set (MDS) dated 07/23/20 indicated Resident #5 was severely cognitively impaired, in a persistent vegetative state, required total care of 1 to 2 staff assistance with all Activities of Daily Living (ADL) and was at risk for pressure injury.</p> <p>A review of the Nurse Practitioner (NP) order dated 08/03/2020 at 5:00pm revealed an order for a one-time Basic Metabolic Panel (BMP).</p>	F 550	<p>This plan of correction constitutes a written Allegation of Compliance with federal and state requirements. Preparation and submission of this Allegation of Compliance does not constitute an admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>1.How corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>-The facility will work with the laboratory service to attempt to draw future blood specimens during timeframe(s) that are not normal sleep hours.</p> <p>2.How the facility will identify other residents having the potential to be affected by the same deficient practice.</p>		

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F 550	Continued From page 2 A review of the laboratory requisition form dated 08/04/20 indicated the phlebotomist (person obtaining blood) obtained a blood specimen from Resident #5 at 3:55am. During an interview with the Responsible Party (RP) on 11/04/20 at 11:10am indicated that Resident #5 was not an individual that stayed awake during the night. The RP further stated that it would be appropriate for the laboratory to obtain a specimen on or after 8:00am unless otherwise indicated versus 3:55am so that Resident #5 would have a better quality of sleep. During an interview with the NP on 10/15/20 at 10:23am indicated when labs are ordered as routine, they are placed by the nursing staff and then scheduled with the laboratory service. The NP further stated that if a lab is needed STAT (urgent) then the resident is sent to the emergency room. The NP stated that the laboratory order placed on 08/03/20 for Resident #5 was not a STAT (urgent) lab order. During an interview with the Director of Nursing (DON) and Administrator on 11/03/20 at 10:35am indicated that the laboratory service comes between the hours of 4:00am and 10:00am every day and as needed. The DON and Administrator further revealed the laboratory services other facilities in the region and then transports the specimens approximately two hours southwest of the facility. The DON and Administrator stated that there was no indication for Resident #5 to have had blood drawn at 3:55am on 08/03/20.	F 550	-Reviewing lab orders placed by facility medical providers for any potential laboratory specimen draws. -Any future blood specimens that need to be drawn will be addressed with lab to ensure services are to be rendered during hours that are not deemed normal sleep hours unless a lab is needed STAT (urgent), where then the resident(s) is to be sent out for necessary services to be rendered. 3.What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur. -The facility will review lab orders placed by facility medical providers for any potential laboratory specimen draws. -The facility will attempt to schedule laboratory services to be rendered during hours that are not deemed normal sleep hours unless a lab is needed STAT (urgent), where then the resident(s) is to be sent out for necessary services to be rendered. 4.How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. -The facility will review lab orders placed by facility medical providers for any potential laboratory specimen draws. -Facility will attempt to work in continuity with the lab services to ensure necessary		

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F 550	Continued From page 3	F 550	lab services are rendered during hours that are not deemed normal sleep hours unless a lab is needed STAT (urgent), where then the resident(s) is to be sent out for necessary services to be rendered. 5.Date of Compliance: -The expected date of compliance will be December 16, 2020.		
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, Nurse Practitioner interview and Laboratory Manager, the facility failed to identify a tourniquet that was left on after morning lab draw for 1 of 3 residents (Resident #5), resulting in a bruise, blister and swelling to Resident #5's right wrist. The findings included: Resident #5 was admitted to the facility on 04/08/13 with diagnoses that included Traumatic Brain Injury (TBI), Diabetes and contractures of the upper and lower extremities. A review of the Quarterly Minimum Data Set	F 684	1.How corrective action will be accomplished for those residents found to have been affected by the deficient practice. -Tourniquet(s) are to be removed from resident(s) that have blood specimens to be drawn by the lab service. 2.How the facility will identify other residents having the potential to be affected by the same deficient practice. -Facility will conduct a body audit on resident(s) whom blood specimens were	1/16/20	

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F 684	<p>Continued From page 4</p> <p>(MDS) dated 07/23/20 indicated Resident #5 was severely cognitively impaired, total care of 1 to 2 staff assistance with all Activities of Daily Living (ADL) and at risk for pressure injury. A review of the most recent care plan dated 08/19/19 and revised on 07/2/20 revealed goals of assistance with ADL care and risk of pressure injury. Interventions included repositioning every 2 hours and monitor for signs of skin breakdown.</p> <p>A review of physician's order dated 08/03/20 revealed a one-time order for a basic metabolic panel (BMP).</p> <p>A review of the Point of Care ADL record dated 08/04/20 indicated Resident #5 was provided incontinent care every two to four hours and she received a partial bed bath on 08/04/20.</p> <p>A review of the laboratory requisition form revealed a Phlebotomist (person obtaining blood sample) obtained a blood sample from Resident #5 on 08/04/20 at 3:55am with results reported to the facility on 08/04/20 at 2:09pm.</p> <p>A review of the nursing note dated 08/05/20 at 2:53pm revealed Resident #5 had a new right wrist bruise.</p> <p>A review of the nursing note dated 08/05/20 at 3:35pm revealed Resident #5 was assessed by the wound team after being informed by Nurse #8 that Resident #5 had right hand swelling and a blister. The note further revealed Resident #5 was unable to verbalize pain and was non-verbal, blisters were observed around Resident #5's right wrist with some swelling. The note revealed an order for silver sulfadiazine with dry dressing once daily until area heal.</p> <p>A review of physician's order dated 08/05/20 revealed Silver Sulfadiazine 1%, clean Resident</p>	F 684	<p>drawn following any lab services rendered.</p> <p>3.What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.</p> <p>-Facility's Clinical Leadership will educate clinical team members to perform a visual audit on resident(s) when conducting any routine care during their shift and report any concerns or issues to clinical leadership.</p> <p>-Facility's clinical team will conduct a body audit on resident(s) whom received lab services to ensure there were no issues, concerns or alterations to the resident's skin and/or from lab services that were rendered to the resident.</p> <p>-Facility will work with lab to ensure education and competency of lab services rendered meet appropriate protocols to prevent future incidences from occurring during services.</p> <p>4.How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.</p> <p>-Facility's clinical team will conduct a body audit on resident(s) whom received lab services to ensure there were no issues, concerns or alterations to the resident's skin and/or from lab services that were rendered to the resident.</p>		

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F 684	<p>Continued From page 5</p> <p>#5's right wrist blisters with normal saline or wound cleanser and pat dry. The order continued stating to apply Silver Sulfadiazine to affected blisters and cover with dry gauze once daily. This order was discontinued on 08/27/20.</p> <p>A review of Resident #5's x-ray results dated 08/05/20 at 1:53pm showed no evidence of deep vein thrombosis (DVT) to the right upper arm.</p> <p>A review of the Nurse Practitioner (NP) note dated 08/06/20 at 3:30pm showed an assessment of Resident #5's right wrist and arm, appearing to be healing well. The NP note further revealed the nurse will apply an ice pack to the inflamed area for 15 minutes four times a day while awake for 72 hours.</p> <p>During an interview with the Nurse Aide #15 (NA#15) on 10/13/20 at 3:15pm indicated she worked 11:00pm to 7:00am on 08/4/20 to 08/5/20, she did not recall observing laboratory staff. NA#15 further revealed Resident#5 would have been provided care between the hours of 4:00am to 6:30am to ensure all residents were clean. The NA#15 stated she did not observe a tourniquet on Residents #5's right wrist while providing care.</p> <p>During an interview with the Nurse Aide #17 (NA#17) on 10/12/20 at 12:25pm indicated she worked with Resident #5 on 08/04/20 and 08/05/20 from 7:00am to 3:00pm. She stated Resident #5 was a total care resident, frequently incontinent, required two-hour repositioning and was non-verbal. The NA #17 stated she gave Resident #5 a partial bed bath on 08/04/20 and did not observe a tourniquet on Resident #5's right wrist during care, the NA #13 further stated Resident #5 usually had blankets over her arms</p>	F 684	<p>-The DHS will be responsible for ensuring compliance of this POC is met by reviewing, tracking and trending the results and ensure that this is brought before the QAPI Committee and that a Performance Improvement Plan is implemented or revised as necessary.</p> <p>-The Administrator will be responsible for the compliance of the monitoring of this plan of correction. In addition, the Administrator will monitor the compliance of this POC in the monthly QAPI meeting for 3 months to ensure we have appropriate corrective action. Changes will be made to the plan by the committee as indicated to include, but not limited to, further education or immediate corrective action.</p> <p>5.Date of Compliance:</p> <p>-The expected date of compliance will be December 16, 2020.</p>		

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F 684	<p>Continued From page 6</p> <p>and that it was not always necessary to remove the blankets when providing care.</p> <p>During an interview with the Nurse #8 on 10/15/20 at 1:29pm revealed on 08/05/20, during mid-morning to early afternoon care she noticed Resident #5's right hand to be slightly swollen and there was a tourniquet around Resident #5 right wrist. Nurse #8 stated the tourniquet was "tight" when she removed it and that she observed three blisters and a small bruise to Resident #5's right wrist. Nurse #8 indicated she had informed the Director of Nursing (DON), NP, Wound consultant Nurse Practitioner (WCNP) and Resident #5's Responsible Party (RP) of the incident and that the NP gave verbal orders for Silver Sulfadiazine and an ice pack to be applied to the right wrist every four hours for 72 hours.</p> <p>During an interview with the WCNP on 10/13/20 at 9:40am revealed she assessed Resident #5 right wrist after being informed by Nurse #8. The WCNP stated Resident #5 had three blisters, small bruise and appropriate pulse in the right wrist. The WCNP further stated she evaluated Resident #5's right wrist as a friction injury. She stated she assessed Resident #5 right wrist once a week for two weeks and the area was resolved by the 3rd week. The WCNP stated if a tourniquet was left in place for 24 hours it would be expected that the Resident's extremity would be cold to touch, pulseless and painful.</p> <p>During an interview with the Laboratory Manager (LM) on 10/15/20 at 3:59pm indicated the DON informed the LM of the incident regarding a tourniquet being left on Resident #5's right wrist. The LM stated the phlebotomist involved was reeducated and provided corrective action. The LM further stated that it was included in the annual competency and new employee</p>	F 684			

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F 684	Continued From page 7 orientation not to leave the tourniquet on for longer than one minute as this can affect the laboratory results. During an interview with the NP on 10/15/20 at 10:23am indicated she assessed Resident #5 two times a month or more if necessary. The NP stated the nurse informed her that a tourniquet was discovered on Resident #5 right wrist resulting in 3 blisters a small bruise and slight swelling. The NP stated she gave the facility verbal orders for standard treatment and would assess the resident the following day. The NP further revealed on 08/06/20 Resident #5's right wrist assessment showed no swelling, one small bruise and what appeared to be dry blisters. The NP stated if a tourniquet was left in place for 24 hours it would be expected that the Resident ' s extremity would be cold to touch, pulseless and painful.	F 684			