STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345039	A. BUILDING _____ B. WING _____	C 12/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMERSTONE HEALTH AND REHABILITATION CENTER	485 VETERANS WAY KERNERSVILLE, NC 27284

(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 The survey team entered the facility on 11/30//21 to conduct a complaint survey in conjunction with a revisit (Event ID #LV2C12) and exited on 12/1/21. One (1) of the 9 complaint allegations was substantiated without deficiency. Tags F580 and F835 were corrected as of 12/1/21. A repeat tag was cited at F880. One new tag (F686) was also cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is still out of compliance.	F 000		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to follow physician's orders for the treatment of a pressure wound for 1 of 1 sampled resident (Resident #14). The findings included:	F 686	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken	12/15/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/16/2021

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F 686	Continued From page 1 Resident #14 was admitted to the facility on 8/24/2021 from a hospital. Her cumulative diagnoses included stroke, peripheral vascular disease, and Parkinson's disease. A review of Resident #14's most recent care plan initiated on 9/7/2021 included an area of focus which indicated the resident had a pressure ulcer to her right heel and was at risk for development of additional pressure ulcers. The interventions included administer treatments as ordered and monitor for effectiveness. A review of physician orders dated 10/26/2021 revealed 0.5 % Sodium Hypochlorite solution (antiseptic solution). Apply to right heel topically every day shift for pressure ulcer. Clean with 0.5 % Sodium Hypochlorite solution, pat dry, apply 0.5 % Sodium Hypochlorite solution-soaked gauze, then cover with an ABD pad (highly absorbent dressing that provides padding and protection for large wounds), wrap with kerlix, and secure with tape. This order was discontinued on 11/24/2021. Resident #14's most recent Minimum Data Set (MDS) was a quarterly assessment dated 11/19/2021. The MDS revealed the resident was severely impaired cognitively. Resident #14 required total to extensive assistance for one staff member to complete her activities of daily living. There were no behaviors or rejection of care reported by staff. Resident #14 was assessed as having one stage 4 pressure ulcer that was facility acquired. A stage 4 pressure ulcer is full thickness tissue loss with exposed bone, tendon, or muscle. A review of physician orders dated 11/24/2021	F 686	or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F686 1. Corrective action for resident(s) affected by the alleged deficient practice: For resident #14, on 12.01.2021 the Assistant Director of Nursing (ADON) completed wound care with the Treatment Aide and the Vohra MD ensuring that the wound care was completed according to the physician's order using the correct techniques. On 12.01.2021, the Director of Nurses (DON) notified the Medical Director that the treatment aide performed wound care on resident #14 and didn't follow the physicians order. On 12.01.2021, the DON notified the Vohra Wound MD that the treatment aide performed wound care on resident #14 and didn't follow the physicians order. On 12.01.2021, the DON notified the residents responsible party that the treatment aide performed wound care on resident #14 and didn't follow the physicians order. On 12.01.2021, the DON educated the treatment aide on ensuring that wound	

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F 686	Continued From page 2 revealed 0.057% Sodium Hypochlorite gel (antimicrobial gel) applied to right heel topically every day shift for pressure wound. Clean with normal saline/wound cleanser, pat dry, apply 0.057% Sodium Hypochlorite gel to wound bed and cover with dry dressing. An observation was conducted on 12/1/2021 at 10:26 A. M. of a wound treatment dressing change. The Wound Care Nurse Aide collected and prepared supplies to provide wound care treatment for Resident #14. The old bandage was removed, discarded in the trash, and the Wound Treatment Nurse Aide applied clean gloves. The Wound Treatment Nurse Aide used clean technique and cleaned the wound bed with 0.5 % Sodium Hypochlorite solution. The Wound Care Nurse Aide left the room and retrieved additional 0.5% Sodium Hypochlorite solution. When she returned, the Wound Care Nurse Aide applied 0.5 % Sodium Hypochlorite solution-soaked gauze, covered with an ABD pad, kerlix, and used tape to secure. The tape was dated with the current date. An interview was conducted on 12/1/2021 at 10:35 A. M. with the Wound Treatment Nurse Aide revealed she performed some dressing changes without a nurse present. The Wound Treatment Nurse Aide revealed she reviewed the wound treatment order for Resident #14 prior to completing the wound dressing change. The Wound Treatment Nurse Aide stated when the Wound Treatment Doctor made his rounds the previous week on 11/24/2021, Resident #14's dressing was changed. During the interview the Wound Treatment Nurse Aide revealed the medication she retrieved for the wound dressing for Resident #14 was a discontinued order and	F 686	care must be performed following physicians order. 2. Corrective action for residents with the potential to be affected by the alleged deficient practice. On 12.01.2021, the ADON and the Vohra wound MD completed observation of the treatment aide performing wound care for all treatments due on 12.01.2021 to ensure that treatments were performed following to the physician's order. This was completed on 12.01.2021. On 12.03.2021, The DON initiated a mock scenario for wound care to observe the licensed nurses perform wound care to ensure that treatments were performed following the physician's order. 3. Measures /Systemic changes to prevent reoccurrence of alleged deficient practice: On 12.01.2021, the (DON) began educating all Licensed Nurses, RNs, Licensed Practical Nurses, and any Treatment Aides, full time, part time, agency staff, and PRN on the following topics: • Following physicians order for wound care treatments. This in-service was incorporated in the new employee facility orientation for the above-mentioned employees and also provided to agency nurses working in the	

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F 686	Continued From page 3 the 0.057% Sodium Hypochlorite gel was the active wound dressing ordered. The Wound Treatment Nurse Aide stated she forgot the physician had changed the dressing order when she retrieved the medication for the wound dressing change and completed the wound dressing change. An interview was conducted on 12/1/2021 at 10:51 A. M. with the Unit Manager revealed she expected staff to review and follow all physician orders. During the interview the Unit Manager further revealed if the physician ordered 0.057% Sodium Hypochlorite gel to be applied, she would have wanted staff to have applied the ordered gel and not used the previous order of 0.5 % Sodium Hypochlorite solution. An interview was conducted on 12/1/2021 at 11:11 A. M. with the Director of Nursing (DON) revealed the Wound Treatment Nurse Aide was responsible to review each wound treatment order prior to each resident wound treatment. The DON stated she is unsure why the Wound Treatment Nurse Aide did not apply the right dressing, but she expected the physician wound treatment orders to be followed. A telephone interview was conducted on 12/1/2021 at 12:02 P. M. with the Wound Treatment Doctor revealed after evaluating Resident #14's wound on 11/24/2021, the dressing was changed to 0.057% Sodium Hypochlorite gel due to the concentration of sodium hypochlorite being lower. The Wound Treatment Doctor stated the gel was more in line with the PH in the wound bed and was gentler on Resident #14's tissue. During the interview the Wound Treatment Doctor stated there was no	F 686	facility. This will be reviewed by the Quality Assurance process to verify that the change has been sustained. Any staff who does not receive scheduled in-service training will not be allowed to work until training has been completed by 12.15.2021. 4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The DON or designee will monitor compliance utilizing the F686 Quality Assurance Tool weekly x 4 weeks then monthly x 3 months to be completed on random days including weekends. The DON will monitor compliance to ensure wound care treatments are performed following the physician's order. Reports will be presented to the weekly Quality Assurance committee by the DON to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Unit Support Nurses, Therapy Manager, Health Information Manager, and the Dietary Manager. Date of Compliance: 12.15.2021	

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F 686	Continued From page 4 harm to the resident. The Physician stated his plan for Resident #14 was for staff to begin the new wound treatment with 0.057 % Sodium Hypochlorite gel following the 11/24/2021 visit.	F 686		