

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

PRINTED: 08/30/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 08/25/2022
NAME OF PROVIDER OR SUPPLIER RALEIGH REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 616 WADE AVENUE RALEIGH, NC 27605		
(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	
{E 000}	Initial Comments The survey team entered the facility on 08/23/22 to conduct a follow up surveyans CI survey and exited on 08/24/22. Therefore the survey exit date was changed to 08/25/22.	{E 000}			
{F 000}	Tag F842 was recited with a s/s of B. The facility is back into compliance effective 08/25/22. (Event WH3E12) INITIAL COMMENTS The survey team entered the facility on 8/23/22 to conduct a follow up survey and complaint investigation and exited on 8/24/22. Additional information was obtained on 8/25/22. Therefore the survey exit date was changed to 8/25/22.	{F 000}			
{F 842} SS=B	Tag F842 was recited with a s/s of B. The facility is back into compliance effective 8/25/22. (Event WH312) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-	{F 842}			

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

TITLE

(X6) DATE

Electronically Signed

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 842}	<p>Continued From page 1</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p>	{F 842}			

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{F 842}	<p>Continued From page 2</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview for one (Resident # 3) of two residents with wounds, the facility failed to correctly enter a treatment order into the computer system which resulted in it appearing that one of the two treatments had not been completed on the treatment administration record. The findings included:</p> <p>Resident # 3 was admitted to the facility on 7/12/22.</p> <p>On 8/4/22 the Wound Physician noted Resident # 3 had a non- pressure wound to both the left and right buttock. The left buttock measured 0.3 X 0.3 X 0.2 cm (centimeters). The right buttock wound measured 0.5 X 0.5 X 0.2 cm.</p> <p>Review of the orders revealed there was a treatment order for the right buttock, which had been initiated on 7/26/22 to cleanse the right buttock wound with saline or wound cleanser and apply silver alginate to the wound bed every Tuesday, Thursday, and Saturday. On 8/4/22 an order to discontinue this right buttock wound treatment was entered. The right buttock order was reentered on 8/4/22 with the same directions which had initially been given on 7/26/22; i.e. the</p>	{F 842}			

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{F 842}	<p>Continued From page 3</p> <p>order was for the same treatment. According to the August treatment administration record, wound care was signed as completed for the right buttock wound on the days ordered.</p> <p>There were no orders for the left buttock wound and it did not appear on the August Treatment Administration Record (TAR).</p> <p>The Wound Nurse was interviewed on 8/23/22 at 4:45 PM and reported the following. Resident #3 initially had a small area to the right buttock on 7/26/22. On 8/4/22 the resident was identified to have a small area to the left buttock as well. The Wound Physician saw the resident that day and instructed that the care should be the same for the left as they were doing for the right. She went into the computer system and meant to change the right buttock wound order to reflect both a "L" (left) and a "R" (right) within one order, but inadvertently she had not typed in the "L" when the order was reentered. She worked Monday through Friday and, also came in on Saturday to do wound care. She had been doing the dressing changes as ordered for both wounds, and the resident had not missed any dressing changes. She had not noted in looking at the August TAR that the "L" was not appearing on the order she had entered on 8/4/22.</p> <p>Nurse # 1 was interviewed on 8/25/22 at 10:45 AM regarding what she would do if she were working on a day the treatment nurse was not present and found a dressing for which there was no order. The nurse reported she would call the doctor and obtain clarification about what she should do.</p> <p>Nurse # 2 was interviewed on 8/25/22 at 10:50</p>	{F 842}			

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{F 842}	Continued From page 4 AM and interviewed regarding what she would do if she were working on a day the treatment nurse was not present and found a dressing for which there was no order. The nurse reported she would call the doctor and obtain clarification about what she should do. Interview with the Wound Physician on 8/25/22 at 10:55 AM revealed he felt the staff were providing appropriate care for Resident # 3's wounds.	{F 842}		