

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

PRINTED: 11/21/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345358</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/25/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOUISBURG HEALTHCARE &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>202 SMOKETREE WAY</b> <b>LOUISBURG, NC 27549</b>		
(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 on 10/25/22. Event ID# HZVG11. The following intakes were investigated NC00100624, NC00193223, NC00191728, NC00193851, and NC00194169. 1 of the 20 complaint allegations was substantiated resulting in a deficiency.  The Statement of Deficiencies was amended on 11/16/22 due to an error on the original positing related to Information Technology (IT) issues. Tag F880 was deleted.	F 000			
F 745 SS=D	Provision of Medically Related Social Service CFR(s): 483.40(d)  §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record review, staff and physician interviews, the facility failed to arrange and provide transportation for out of facility medical appointments for 1 of 1 sampled resident reviewed for provision of medically related social services. (Resident #2).  The findings included:  Resident #2 was admitted to the facility on 11/9/2020 with diagnosis that included ulceration of vagina, noninflammatory disorders of vulva and perineum, and unspecified ovarian cyst, The resident was discharged from the facility on 7/12/2022.	F 745	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 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. F 745 The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency	12/2/22	

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

TITLE

(X6) DATE

Electronically Signed

11/11/2022

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 745	<p>Continued From page 1</p> <p>Review of Resident #2's most recent Quarterly Minimum Data Set (MDS) assessment dated 3/14/2022 revealed she was cognitively intact.</p> <p>Review of Physician consult orders for Obstetrics and Gynecology (OB/GYN) evaluation were ordered on 1/5/2022, and 2/16/2022. The orders were issued by the Medical Director (MD) due to patient having vaginal bleeding and abdominal pains. The MD on 6/1/2022, and 6/21/2022 issued orders for a Computerized Tomography (CT) scan of chest, abdomen, and pelvis due to Resident #2 experiencing pelvic pain.</p> <p>Review of the physician progress note of 2/23/2022 revealed Resident had missed appointments scheduled for 1/5/2022, and 1/17/2022 due to lack of arrangements for transportation by the facility.</p> <p>Review of the physician progress note dated 4/21/2022 revealed Resident #2 had missed her 1/17/2022, and 3/17/2022 appointments due to lack of transportation arrangements for the Resident #2.</p> <p>Review of physician progress note of 6/22/2022 revealed Resident #2 had missed scheduled appointments multiple times due to lack of transportation. The record further revealed that Resident #2 had informed the physician she missed her appointments due to lack of transportation.</p> <p>During an interview with the Scheduler on 10/25/2022 at 12:11PM she revealed she started position in August 2022. She stated she was aware the facility did not have a scheduler for a long time. She stated she makes appointments</p>	F 745	<p>cited:</p> <p>The facility failed to arrange and provide transportation for out of facility medical appointments for 1 of 1 sampled resident reviewed for provision of medically related social services. (Resident #2).</p> <p>1. Corrective action for resident(s) affected by the alleged deficient practice: Resident #2 was discharged from the facility on 7/12/22.</p> <p>2. Corrective action for residents with potential to be affected by the alleged deficient practice.</p> <p>All residents have the potential to be affected by the alleged deficient practice. On 11/10/2022 the Director of Nurses, initiated an audit of 100% of all current residents for the last 30 days to ensure there were no missed medical appointments. The results included: 1 of 20 residents had missed medical appointments. On 11/ 10 /2022 the Director of Nursing implemented corrective action for those residents which includes:</p> <p>Reschedule missed appointments and ensure that all appointments are scheduled with transportation arranged.</p> <p>For the one appointment that was missed: Transport was scheduled for the appointment with Bertie Transport. On the Friday prior to the appointment, Bertie was contacted by the appointment scheduler and transport time confirmed. At the time of the appointment, Bertie did not show up. The resident missed the appointment due to failure of transport company to provide services.</p>		

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F 745	<p>Continued From page 2</p> <p>for the residents and coordinates the transportation to those appointments. She stated once she receives the doctor orders, she makes appointments immediately and put it on her calendar to flag who needs to go out for an appointment and what transportation they need.</p> <p>During an interview with Nurse #1 on 10/25/2022 at 3:10PM she stated Resident #2 had impaired mobility and used a wheelchair or stretcher to get to appointments. She stated she remembers on one occasion this year when Resident #2 missed her OB/GYN appointment due to unavailability of a driver at the facility.</p> <p>An interview was conducted with the Director of Nursing (DON) on 10/25/2022 at 1:46PM. She stated she started position at end of June 2022. She disclosed the facility did not have a designated scheduler between January and July 2022. She stated that Nursing scheduled appointments because the facility did not have a designated scheduler after the last one quit. She stated Nursing would forget to ensure transportation arrangements for Resident #2. She stated this happened due to lack of a designated scheduler.</p> <p>An interview was conducted with the Administrator on 10/25/2022 at 1:56PM. She stated her expectations were that each resident makes it to scheduled doctor appointments. She stated she was aware Resident #2 missed some OB/GYN appointments. She stated during covid they had challenges with transportation. She stated Resident #2 was scheduling and cancelling appointments on her own. She stated Resident #2 would make an appointment for the next day, and the facility was not able to have</p>	F 745	<p>3. Measures / Systemic changes to prevent reoccurrence of alleged deficient practice: On 11/10/2022 the Director of Nursing/Staff Development Coordinator began education of all full time, part time, as needed nurses, agency nurses, nurse leadership, administrator and facility transporters on the following topic: The Appointment Process Education Process for assuring residents are transported to their medical appointments as ordered The Director of Nursing will ensure that any of the above identified staff who does not complete the in-service training by 11/30/22 will not be allowed to work until the training is completed. This in-service will be incorporated into the new employee facility orientation.</p> <p>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 Director of Nurses will monitor compliance for the appointment process utilizing the F745 Quality Assurance Tool by completing an audit weekly x 4 then monthly x 3 months or until resolved. The audit will include monitoring of all appointments for compliance with assuring transportation is in place for the appointment. Reports will be presented to the Quality Assurance Committee by the Administrator or Director of Nursing to ensure corrective action is initiated as appropriate. Compliance will be</p>		

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