

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>IREDELL MEMORIAL HOSPITAL INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>557 BROOKDALE DRIVE STATESVILLE, NC 28677</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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 698 SS=D	Dialysis CFR(s): 483.25(l)  §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, Assistant Director of Dialysis and Medical Director interview, the facility failed to monitor and assess the right subclavian catheter (temporary or permanent, simple, tunneled, or connected to a port under the skin to provide dialysis treatment) and the left arteriovenous dialysis fistula (AVF is a fistula created between an artery and a vein to provide dialysis treatments) for a resident receiving hemodialysis for 1 of 1 sampled resident (Resident #7).  Findings included:  Resident #7 was admitted to the facility on 3/7/2023 with a diagnosis of renal insufficiency	F 698	The Director of Nursing immediately provided the primary nurse of the affected resident to assess the dialysis site and document the assessment within the electronic medical record. The Director of Nursing updated the resident's care plan to reflect a comprehensive, person-centered care plan. Completed on 10/26/23.  The Director of Nursing completed a house audit on 10/27/23 identifying all residents with dialysis access. No other residents were identified as being affected. Completed on 10/27/23.	11/13/23	

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

TITLE

(X6) DATE

Electronically Signed

11/13/2023

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 698	<p>Continued From page 1 and treatment with renal dialysis.</p> <p>A review of the physician orders dated 7/19/23 stated that hemodialysis on Monday, Wednesday, and Friday, and for dialysis nurse to change dialysate based on morning Potassium levels.</p> <p>A review of the most recent care plan last updated 7/20/23 indicated scheduled dialysis treatments on Monday, Wednesday, and Fridays. The interventions were to provide dialysis treatments as scheduled, monitor abdomen for signs of infection, daily weights, and evaluate access sites for signs of infection.</p> <p>The quarterly Minimum Data Set (MDS) Assessment dated 9/14/2023 revealed no cognitive impairment with memory problem. The resident was coded as limited assistance for bed mobility and required extensive assistance with activities of daily living.</p> <p>An undated document titled, "Dialysis training" (a document used by nurses that explained all possible sites, assessments, adverse reactions, and when to contact the doctor), specified to check the bruit and thrill (a thrill was a vibration caused by blood flowing through the fistula and can be felt by placing your fingers just above your incision line. A bruit was the whooshing sound while auscultating with a stethoscope) daily and to notify patient nephrologist immediately with decreased or absent.</p> <p>Record review of Resident #7's electronic record, the medical chart, nursing notes, and spreadsheets revealed no documentation or evidence of the monitoring of the right subclavian catheter and the left arteriovenous dialysis fistula</p>	F 698	<p>The Director of Nursing or designee will provide an educational in-service instructing clinical staff members to assess any type of dialysis access at minimum daily, and more frequently as needed. The in-service will also educate clinical staff to compose a comprehensive, person-centered care plan for the dialysis resident. These findings will be documented in the electronic medical record appropriately. Education completion date 11/13/2023.</p> <p>The Director of Nursing or designee will be made aware of any new initiation of dialysis treatment for any existing resident by the dialysis team as is the facilities current practice. The Director of Nursing or designee will audit each new admission to determine if dialysis treatment is present. Beginning 11/13/2023.</p> <p>The Director of Nursing or designee will audit each dialysis resident's chart for site assessment and comprehensive, person-centered care plan to abide by the regulation at the following intervals; Beginning on 11/13/23;</p> <p>Daily Monday thru Friday x 4 weeks, and then weekly for 4 weeks, then monthly. All findings will be reported to the QAPI Committee in December 2023 and March 2024 until substantial compliance is sustained.</p>		

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F 698	<p>Continued From page 2 by the facility nursing staff.</p> <p>An interview on 10/26/23 at 9:00AM with Nurse #1 stated she was not tasked to check the dialysis accesses. She had never had an order or task to check an AVF or a subclavian catheter. She stated that the bruit and thrill was checked by dialysis. She revealed she had training on the dialysis site assessment when she was hired and was aware to check the condition of the dialysis access (s). She stated the required task appeared on the chart to complete. Tasks that do not appear on the task list, do not get completed. Nurse #1 reported she was routinely assigned to Resident #7.</p> <p>An interview on 10/26/23 at 4:00PM Director of Nursing stated the nurse should check the thrill and bruit of the AVF or the subclavian catheter at least once a day and document in the medical record.</p> <p>An interview 10/27/23 at 9:00AM Assistant Director (AD) of the dialysis unit indicated the standard of care after dialysis was to monitor access(s) for bleeding, swelling, and patency. The dialysis nursing staff or physician were contacted after treatments, with any bleeding or change to the access site.</p> <p>An interview with the Medical Director on 10/27/23 at 11:16AM revealed the nursing staff assessed every resident who received dialysis. Check the bruit and thrill at least daily a complete set of vital signs and monitor for any signs of infection every shift.</p>	F 698			