

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/07/2011
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FOREST CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH RD FOREST CITY, NC 28043
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F 314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and medical record review the facility failed to provide treatment as ordered for one (1) of four (4) sampled residents with pressure sores. (Resident # 89)</p> <p>Findings are:</p> <p>Resident # 89 was admitted 3/3/11 with diagnoses including Aftercare for Open Reduction Internal Fixation of a hip fracture, Dysphagia, and Stage II Pressure Ulcer. The most recent MDS (Minimum Data Set) assessment dated 3/10/11 indicated moderate impairment of cognition and dependence on staff assistance for all daily care. The MDS indicated a Stage II pressure area was present. The current Plan of Care updated 3/28/11 addressed the problem of pressure sore with an approach to provide pressure ulcer treatment as ordered.</p> <p>Medical record review revealed weekly skin assessments with the following measurements: 3/10/11 1.0 x 1.2 x 0.2 cm (centimeters)</p>	F 314	<p>Preparation and submission of this Plan of Correction does not constitute an admission or agreement of the facts alleged on the correctness of this statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under the State and Federal Law.</p> <p>Resident #89 dressing immediately re-applied. Resident #89 experienced no negative outcome. Director of Nursing re-educated NA #1 to inform Licensed nurse when a Resident's dressing is not applied.</p> <p>100% audit of Residents with wounds completed to ensure proper placement of dressings as ordered by physician</p> <p>Director of Nursing in-serviced Nursing Assistants to report directly to nurse if wound care dressing is not in tact during delivery of care and report it to the appropriate licensed nurse. In-Services provided 4/08,11,12,13,14,15</p>	4/06/11 4/15/11

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BY:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Alice P. Dixon</i>	TITLE <i>Administrator</i>	(X6) DATE 4/28/11
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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.

Alice P. Dixon

Administrator

4/28/11

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F 314	<p>Continued From page 1</p> <p>3/18/11 1.4 x 1.0 x 0.2 cm 3/25/11 1.2 x 2.0 x 0.2 cm 3/30/11 1.2 x 1.8 x 0.3 cm</p> <p>The record noted the Stage II wound worsened to a Stage III. Review of the treatment record revealed the dressing was changed daily through 4/6/11.</p> <p>During observation of wound care on 4/6/11 at 11:30 a.m., the Treatment Tech (Nursing Assistant who provides wound care) removed the resident's adaptive cushion from behind her upper back and lifted the resident's shirt to expose the area of the wound. Observation of the resident's spine revealed severe curvature of the spine, with approximately six (6) inches of redness over the curve of the spine. The wound was observed in the lower third of the dark redness with no dressing in place. No dressing was observed in the area where the resident was seated. The Treatment Tech applied wound treatment and a dressing to the pressure sore.</p> <p>The Treatment Tech stated the resident's dressing was changed daily, and staff had not notified her since the beginning of the day shift at 7:00 a.m. that there was no dressing in place. Further interview revealed the Nursing Assistant's (NA) responsibility when a pressure sore dressing is missing is to notify the nurse. On 4/6/11 at 1:05 p.m., the Wound Nurse stated the NA providing resident care should report any problems with wound dressings, and she had not been notified the resident needed treatment.</p> <p>On 4/6/11 at 1:10 p.m., NA #1 stated she had observed the dressing was missing when she got the resident dressed early that morning, but she had not told the nurse due to getting busy with</p>	F 314	<p>100% of wound dressing placements visually assessed by Director of Nursing and Assistant Director of Nursing to audit for compliance of application as ordered three times weekly for four weeks. Then random audits to be done by Director of Nursing and Assistant Director of Nursing weekly times two months. Random audits will be 100% of wounds, on First shift.</p> <p>Director of Nursing is responsible for monitoring compliance.</p> <p>Director of Nursing reports findings to Quality Assurance Committee Quarterly.</p>	5/07/11

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F 314	Continued From page 2 other residents' requests for assistance. The Wound Nurse was present at the time and added, "It must have come off sometime during the night."	F 314		