

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

PRINTED: 07/20/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ JUL 27 2011 B. WING _____	(X3) DATE SURVEY COMPLETED C 07/14/2011
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NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT	STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC 27370
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(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	F 000	Resident #1 had already been discharged at the time of the survey. Therefore, no corrective action can be taken to remedy the deficient practice that was found on this specific resident. However, after notification of the deficiency of "failure to notify the MD of an abnormal VS (blood pressure)" each nurse involved in the actual error was contacted. The Policy & Procedure, "Guidelines to Notify Doctor..." dated 11/11/07 was distributed to the Nurses, who verbalized understanding of the policy, specifically when to notify the MD of abnormal VS. They were counseled and reprimanded for their lack of action.	7-19-11
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157	All staff nurses currently working on July 14, 2011, 7a-7p, received a verbal review by the Director of Nursing, on the proper procedure on when to notify the MD when abnormal vital signs are noted, according to the policy "Guidelines to Notify Doctor..." dated 11/11/07. An In-service will be held/directed by the Quality Assurance Nurse and the Director of Nursing for all other staff nurses to ensure they understand the current policy and procedure for when to notify the MD and will be educated on the importance of reporting abnormal VS to the MD. The Quality Assurance Nurse or other Administrative Nurse (DON, ADON, etc), will Audit charts at random on a monthly basis, to ensure that abnormal vital signs are being reported to the MD. The ADON conducted a random chart audit on 7-19-11	7-14-11 8-10-11 7-19-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 7/22/11

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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NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT			STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC 27370		
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F 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, Physician Assistant and staff interview, the facility failed to notify the attending physician of the abnormal blood pressure readings for 1 (Resident #1) of 3 sampled residents. The finding includes:</p> <p>The facility's " Guidelines to notify Doctor, PA (physician Assistant) & NP (Nurse Practitioner) for change in resident's condition " dated 11/11/2007 was reviewed. The general guidelines included to notify the doctor, NP or PA of abnormal vital sign (VS).</p> <p>Resident #1 was admitted to the facility on 06/10/11 with multiple diagnoses including Hypertension. The admission Minimum Data Set (MDS) assessment indicated that the resident's cognitive status was intact.</p> <p>Review of the admission physician's orders (06/10/11) and the Medication Administration Records (MARs) for July, 2011 revealed that the resident was on Lisinopril 20 mgs (milligram) daily and Zestoretic 20/12.5 mgs daily for Hypertension.</p> <p>Review of the weights and vital signs form and the nurse's notes revealed that Resident #1 had occasional low blood pressure readings. The blood pressure readings were 86/52 on 06/16/11, 93/52 on 06/22/11, 96/64 on 06/25/11 and 88/50 on 06/29/11.</p> <p>The nurse's notes and the communication book to the doctor were reviewed. There was no documentation that the doctor, NP or the PA was</p>	F 157	<p>looking for abnormal vitals signs with follow-up to the MD, to ensure errors had not reoccurred since the survey on 7-14-11.</p> <p>A new Chart Audit tool has been developed and will be utilized on a monthly basis, to ensure that all abnormal vital signs are being reported to the MD. The Quality Assurance Nurse will oversee this auditing process for a period of six months, to ensure that all residents with abnormal vital signs have corresponding documentation that proves proper procedure/notification to MD has occurred. The results of these monthly audits will be incorporated into the Quality Assurance program and quarterly reporting through the next six months.</p>	7-22-11	

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F 157	<p>Continued From page 2 notified of the low blood pressure readings.</p> <p>On 07/14/11 at 2:25 PM, NA #1 (nursing assistant) was interviewed. She stated that the NAs were responsible for checking the resident's vital signs including the blood pressure. She also stated that she tried to check the vital signs by 10:00 AM but there was no guarantee.</p> <p>On 07/14/11 at 2:30 PM, Nurse #1 was interviewed. She stated that NAs checked the vital signs and the nurses transcribed them to the weights and vital signs form in the chart. The nurse also stated that if the vital signs were abnormal, like low blood pressure, she would notify the doctor.</p> <p>The nurses who transcribed the low blood pressure readings were not available for interview.</p> <p>On 07/14/11 at 3:40 PM, the PA was interviewed. He stated that he was not aware of the occasional low blood pressure readings for Resident #1. He indicated that he did not recall being informed by the staff of the low blood pressure and his expectation was that the staff should inform the doctor, NP or the PA every time the blood pressure was low.</p> <p>On 07/14/11 at 4:10 PM, the administrative staff #1 was interviewed. She stated that the policy indicated that if the vital signs were abnormal, the staff should have called the doctor. She acknowledged that the nurses should have called the doctor when the blood pressure readings were on the 90's and 80's.</p>	F 157		