

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

PRINTED: 10/18/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/06/2011
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HENDERSONV	STREET ADDRESS, CITY, STATE, ZIP CODE 400 THOMPSON STREET HENDERSONVILLE, NC 28792
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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)	(X6) COMPLETION DATE
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F 514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interviews the facility failed to ensure the code status (determination whether to be resuscitated in the event of cardiac failure) of one (1) of five (5) sampled residents was accurately documented in the medical record. (Resident #3)</p> <p>The findings are: Resident #3 was admitted to the facility for rehabilitation after hospitalization for respiratory failure. A MOST (Medical Orders for Scope of Treatment) form dated 8/24/11 indicated the preference under the section, Cardlopulmonary Resuscitation (CPR), to "Attempt Resuscitation". This form was signed by the resident's Power of Attorney and physician.</p>	F 514	<p><u>Corrective Action for the Resident Found with Deficient Practice:</u></p> <p>1. For Resident #3, the resident was discharged from the facility on 09/05/11.</p> <p><u>Corrective Action for Having Potential for Same Deficient Practice:</u></p> <p>1. All residents have been identified as having potential to be affected by this practice.</p> <p>2. The Directors of Medical Records, Social Services, and Nursing Administration have been inserviced on 10/07/11 by the Executive Director and the Director of Nursing on identifying and documenting residents' code status.</p> <p><u>Measures Put Into Place or Systemic Changes to Ensure Deficient Practice Does Not Reoccur:</u></p> <p>1. Director of Nursing and Executive Director has conducted a 100% audit on 10/06/11-10/07/11 to assure proper documentation of code status. All new admissions and readmissions will have a daily audit by Executive Director and/or Designee to assure proper documentation of code status occurs.</p>	11/3/11
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OCT 25 2011
BY: SEN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Margaret Morrow</i>	TITLE Executive Director	(X6) DATE 10.25.11
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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.

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HENDERSONV			STREET ADDRESS, CITY, STATE, ZIP CODE 400 THOMPSON STREET HENDERSONVILLE, NC 28792		
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F 514	<p>Continued From page 1</p> <p>Review of the entire medical record of Resident #3 revealed corresponding physician orders were not written or obtained documenting the preference to "attempt resuscitation" in the event of cardiac failure.</p> <p>In an interview on 10/6/11 at 1:50 PM Nurse #1 stated the facility system to determine DNR (do not resuscitate) status was an orange dot on the outside spine of each residents medical record. If a resident's preference was to be resuscitated, Nurse #1 stated there would not be a dot on the outside spine of the individual residents medical record. In addition, Nurse #1 stated the individual residents Medication Administration Record (MAR) would indicate the code status of the resident. In an interview on 10/6/11 at 2:15 PM Nurse #2 stated the facility system to determine DNR status was an orange dot on the outside spine of each residents medical record. If a resident's preference was to be resuscitated, Nurse #2 stated there would not be a dot on the outside spine of the individual residents medical record. In addition, Nurse #2 stated the individual residents MAR would indicate the code status of the resident.</p> <p>Review of nurses notes in the medical record of Resident #3 revealed on 9/6/11 at approximately 5:25 AM Resident #3 was found unresponsive with no blood pressure, heart beat, respirations and her body was cool to touch. On 10/6/11 at 2:35 PM a telephone interview was conducted with the nurse (Nurse #3) that found Resident #3 unresponsive on 9/6/11 at 5:25 AM. Nurse #3 recalled that Resident #3 was found unresponsive with no blood pressure, heart beat or respirations. Nurse #3 stated that Resident #3</p>	F 514	<p>Monitoring:</p> <ol style="list-style-type: none"> 1. A random audit will be done monthly for four months by Executive Director and/or Designee of no less than 50% of all current residents to assure proper documentation of code status. 2. The results will be reported monthly to QA Committee and the Medical Director. The QA Committee meets next on Wednesday, November 16, 2011 when the above issues will be discussed by the committee and the Medical Director. Recommendations and changes will be implemented as indicated by members of the Interdisciplinary/QA team members. 		

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F 514	<p>Continued From page 2</p> <p>was cool to touch and "pretty stiff". Nurse #3 stated that she recalled Resident #3 was DNR based on what was indicated on the resident's medical record.</p> <p>Review of the closed medical record of Resident #3 revealed a sheet in the inside front of the chart which had bright colored stickers indicating "allergies", "alert charting" and "full code". The stickers that would have been removed from the outside spine of the resident's medical record had been placed on this same sheet. There were two stickers listing the resident's name, room number and physician as well as an orange dot (representing DNR status).</p> <p>On 10/6/11 at 2:50 PM the facility Director of Nursing (DON) and administrator stated the orange dot should not have been placed on the outside spine of the medical record of Resident #3 as the stated preference was for resuscitation (full code status). The DON reviewed the medical record of Resident #3 and stated it was her expectation for the code status to be reflected in a physician's order so that it would be included on the printed monthly physician orders and MAR (in a blocked section labeled "code status"). The DON stated nursing staff would determine a resident's code status through review of the individual resident's MAR, monthly physician orders, MOST form or identifying if an orange dot was on the outside spine of the medical record. The DON stated the Medical Records Director was responsible for setting up a resident's medical record on admission and placing an orange dot on the outside spine if indicated.</p> <p>On 10/6/11 at 2:55 PM Nurse #4 stated she was</p>	F 514			

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F 514	Continued From page 3 covering for the Medical Records Director at the time Resident #3 was admitted to the facility. Nurse #4 stated she was aware to use the MOST form to determine if an orange dot (indicating DNR status) should be placed on the outside spine of the individual medical record. Nurse #4 stated she did not recall placing an orange dot on the outside spine of the medical record of Resident #3 and could not explain how it would have been placed on the resident's medical record.	F 514		