STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345026	A. BUILDING _____ B. WING _____	C 11/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY NURSING AND REHAB CTR OF MECKLENBURG CTY	3700 SHAMROCK DR CHARLOTTE, NC 28215

(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 The original complaint survey was conducted from 9/13/11 to 9/14/11. Based on management review, the survey team reentered the facility on 11/1/11 and the survey exit date was extended. Upon reinvestigation, no further changes were made to the complaint findings or CMS 2567.	F 000	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 date or dates indicated.	
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, medical record and facility record review, the facility failed to provide podiatry services to 1 of 3 sampled residents who required podiatry services. (Resident #3) The findings are: Resident #3 was admitted to the facility in 2010 with diagnoses to include anoxic brain damage, diabetes mellitus type 2 and dermatophytosis of nail.	F 328	<u>F328</u> **§483.25(k) Podiatry Services** The facility must ensure that residents receive proper treatment and care for Podiatry Services. <u>F328</u> <u>CORRECTIVE ACTION</u> Resident #3 had an appointment for podiatry services on 09/15/11 with the podiatrist and nail care was provided. A follow up podiatry appointment is scheduled for 10/11/11. <u>POTENTIAL AFFECT</u> All residents who have the same potential for needing Podiatry Care are affected by this alleged deficiency. During September 14th-16th 2011, all residents have been assessed for any toenail care needs. No new residents were identified as needing	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/9/11

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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F 328	Continued From page 1 Medical record review revealed a consent for medical care and services, including podiatry services, signed by the responsible party and dated 10/25/10. Resident #3 received podiatry services on 2/24/11 which documented he had a mycotic, deformed, right great toenail. A physician's progress note dated 4/8/11 documented that Resident #3's right first toenail was thick and yellow with mycotic changes, likely a toenail infection that would recur due to his long-term care status. The physician wrote an order for an oral anti-fungal treatment for six weeks. Review of a facility list of resident's seen by the podiatrist on 5/31/11 and 7/5/11 revealed Resident #3 did not receive podiatry services on these dates during facility provided podiatry clinics. Review of the minimum data set dated 7/7/11 assessed him with impaired short and long-term memory and dependent on staff for all of his activities of daily living including personal hygiene and bathing. Resident #3 was observed on 9/13/11 at 10:00 AM lying on a low bed, in his room, watching television. His right great toenail was observed approximately 1/8 to 1/4 inch thick and extended approximately 1/4 to 1/2 inch beyond the nail bed. He was observed again on 9/13/11 at 12:20 PM seated in his wheel chair, groomed, dressed and watching television. An interview with nursing assistant #1 (NA #1) on 9/13/11 at 12:45 PM revealed she gave Resident	F 328	immediate toenail care. The next in house Podiatrist visit is scheduled 10/25/2011. SYSTEMIC CHANGES On September 21, 22 & 23, the Staff Development Coordinator provided in-services to all full-time, part-time and PRN nursing staff instructing them how to complete the Weekly Skin Assessment in order to identify toe nail needs, and notification process for those in need of toenail care. The in-service topics includes guidelines for the assessment of toenails includes identifying those needing routine trimming and the procedures to provide toe nail care. Any high risk residents (Diabetic or with diagnosis predisposing them to infection) are to be scheduled for an office appointment as needed, all others will be scheduled to be seen by the Podiatrist in house. Any in-house staff member who did not receive in-service training will not be allowed to work until training has been completed. Some agency nurses that routinely staff the facility attended the above mentioned in-service. Any time an agency nurse is utilized the Staffing coordinator will verify that they have attended the in-services. If not they will not be allowed to work until they receive the appropriate education. This information has been integrated into the standard orientation training	

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F 328	Continued From page 2 #3 a bed bath that morning and trimmed and cleaned his fingernails and observed his toenails. NA #1 stated that his toenails did not need to be trimmed, but rather stated "They are fine." NA #1 further stated that his right great toenail had been the same since he came to the facility. She also revealed that if she noticed any changes in a resident's skin, or if the resident's toenails needed to be trimmed or podiatry services provided, she would document this on the weekly skin assessment sheet and notify the nurse. An interview with licensed nurse #1 (LN#1) on 9/13/11 at 1:10 PM revealed that the need for podiatry services should be noted on the weekly skin assessment sheet by the nurse or by the nursing assistant and checked on days when a resident received a shower. LN #1 stated Resident #3 received weekly skin assessments on the 3-11 shift on Thursdays. During the interview, the weekly skin assessment sheets for Resident #3 were reviewed and there was no documentation that podiatry services were needed from July 2011 - September 2011. LN #1 stated she was unaware that Resident #3 currently needed a podiatry referral. The acting director of nursing observed the toenails of Resident #3 on 9/13/11 at 1:20 PM and confirmed that his right great toe needed to be trimmed. She stated "it's too long." She further revealed that the facility was currently looking for a podiatrist to provide services in the facility, but residents currently received podiatry services outside of the facility as needed. Licensed nurses were expected to add residents names to a list for podiatry services; review of this list revealed Resident #3's name was not included. A podiatry	F 328	Toenails will be assessed weekly with shower day and with care as needed. CNA will report any resident needing attention to the nurse. Nurse will document routine toenail care provided on the Weekly Skin Assessment Sheet. Those residents with diabetics or complicated toenails as thickened nails will be reported to the MD for a referral to the Podiatrist for care. MONITORING The Quality Assurance RN will monitor Weekly Skin Assessment Risk Factors forms and telephone orders for the identification of resident's needing Podiatry care for six months as follows, five assessments and telephone orders per floor weekly. Any issues will be reported to the DON for appropriate follow up. The results of this monitoring will be addressed in the Weekly Quality of Life meeting for six months-corrective action initiated as appropriate. After six months, the Quality of Life Committee will determine if continued monitoring is required. DATE OF COMPLIANCE ~~10/08/11~~ changed per TC 11/2/11 & adm. QA	

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F 328	Continued From page 3 referral had not been completed for Resident #3. An interview with support nurse #1 on 9/14/11 at 10:00 AM revealed that nursing staff were responsible to note any changes to the resident's skin on the weekly skin assessments including the need for toenail care or podiatry services. She stated the weekly skin assessments for Resident #3 did not note he currently needed a podiatry referral. She observed the right great toenail for Resident #3 and stated that the facility did not have the tools necessary to cut this nail; he required podiatry services. An interview on 9/14/11 at 3:19 PM with licensed nurse #2 revealed she completed a weekly skin assessment for Resident #3 on 9/12/11 during the 3-11 shift and noticed that he needed a podiatry referral for his right great toenail. LN #2 further stated she reported this to the 7-3 shift nurse and expected this nurse to complete the referral. A follow-up interview with the acting director of nursing on 9/14/11 at 3:35 PM and the facility administrator on 9/14/11 at 5:25 PM revealed they expected the nurse who completed the weekly skin assessment on 9/12/11 and noticed that Resident #3 needed podiatry services to complete the referral and send the resident out for podiatry services.	F 328		