

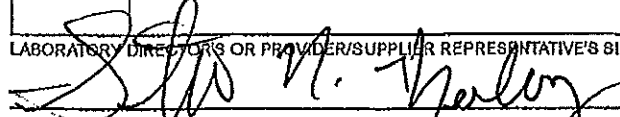
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

JUN 27 2012

PRINTED: 06/11/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/31/2012
NAME OF PROVIDER OR SUPPLIER  OAK FOREST HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 6680 WINDY HILL DRIVE WINSTON SALEM, NC 27105	
(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 318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview with staff and record review, the facility failed to resume range of motion (ROM) and splint application after hospitalization for one of (1) of three (3) sampled residents. (#1)</p> <p>Findings Included:</p> <p>Resident #1 had a cumulative diagnosis of anoxic brain injury persistent vegetative state. The Minimum Data Set (MDS) dated 03/15/12, revealed a comatose state and contractures to his right hand.</p> <p>Review of the Evaluation for Occupation Therapy dated 3/18/12, recommendation occupational therapy 5 times a week for therapeutic exercises and orthotics (a support brace).</p> <p>Review of the weekly progress report for occupational therapy dated 4/19/12, indicated in part, patient with improving ROM (range of motion). Discussed orthotics with caregivers.</p> <p>Review of the weekly progress report for</p>	F 318	<p>F 318</p> <p>Corrective action to be accomplished for those residents found to have been affected by the deficient practice:</p> <p>A restorative nursing order and referral was written for resident #1 on 5/31/12. Splints were applied by Rehab Director on 5/31/12. Restorative nursing will continue with dally bilateral splints as ordered.</p> <p>Corrective action to be accomplished for those residents having the potential to be affected by the same deficient practice:</p> <p>Reviewed all current residents with limited ROM to assure that they are receiving appropriate treatment and services to increase ROM and/or to prevent further decrease in ROM. Assured that all were currently on the restorative nursing case load for appropriate treatment.</p> <p>Measures put in place or systemic changes made to ensure that the deficient practice will not occur:</p> <p>All admissions and readmissions will be screened by therapy. If therapy isn't applicable, will be referred to restorative nursing program, if indicated.</p> <p>Care Cards, which contain information from individualized Care Plan, were implemented in order for nursing staff to be informed on each resident's care and changes in care.</p>	6/28/12

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

ADMINISTRATOR

(X6) DATE

6/25/12

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 318	<p>Continued From page 1</p> <p>occupational therapy dated 5/14/12, indicated " Teaching restorative nursing P-Rom (passive range of motion) and splint application. "</p> <p>Review of the Discharge Summary from occupational therapy dated 5/16/12, indicated to discharge to restorative therapy. The restorative nursing program was to continue passive range of motion and splinting up to two (2) hours per day.</p> <p>Review of physicians order dated 5/16/12, " Clarification order: Discharge patient from skilled occupational therapy. Patient to be referred to restorative nursing. "</p> <p>Resident #1 was admitted to the hospital on 5/16/12 and discharged back to the facility on 5/20/12 with a diagnoses of tracheitis (infection to the trachea).</p> <p>During an observation 5/30/12 at 11:20 am, Resident #1 was lying in bed in a comatose state. Both hands were observed to be flaccid and the fingers curling under into the palm. The resident was not wearing any splints.</p> <p>During an interview on 5/30/12 at 11:51 am, Nurse #1 indicated she had worked with Resident #1 on a daily basis and was not aware of any restorative care ordered for Resident #1.</p> <p>During an interview on 5/30/12 at 1:14 pm, aide #1 indicated she was the primary care giver for Resident #1 since 03/ 2012. She had never observed splints on Resident #1 hand or in the room. She indicated Resident #1 was not a restorative patient. She indicated she washed</p>	F 318	<p><b>Monitoring Process</b></p> <p>Rehab Director will monitor to assure all screenings are completed with 48 hours.</p> <p>D.O.N. and Nursing Management will review in clinical meetings, Monday-Friday, all admissions and readmission therapy screens to assure that they are /properly placed on restorative nursing caseload, if needed.</p> <p>Rehab Director and Nursing Management will submit monitoring reports labeled Rehab Screening Form to be reviewed by QA Committee monthly x 3 months, then quarterly until QA committee deems no longer necessary. Any discrepancies will be reported to the Administrator immediately.</p>		

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F 318	<p>Continued From page 2</p> <p>between his fingers, which could be considered passive range of motion.</p> <p>Observation 5/30/12 at 1:14 pm, revealed no splinting on either hand of Resident #1</p> <p>During an interview on 5/30/12 at 4:18 pm, Occupational Therapist indicated Resident #1 had splints ordered for two hours per day and passive range of motion (PROM). The restorative aides were taught how to apply the splints and do the passive range of motion.</p> <p>During an interview on 5/30/12 at 4:25 pm, Therapy Director indicated once they are discharged to the restorative program the director of nursing (DON) oversees the program. Resident #1 was to wear his splints for his hands; they are placed on in the morning and taken off in the afternoon.</p> <p>Observation on 5/30/12 at 5:00 pm, of Resident #1 revealed he was lying in bed with his eyes closed. He had no splints on his hands. No splints were visible in his room.</p> <p>During an observallon on 5/31/12 at 8:58 am, Resident #1 no splints were observed on either hand.</p> <p>During an interview 5/31/12 at 8:58 am, wound care nurse stated she had not observed any splints on either hand during her care. Aide #1 indicated at 9:07 am she had never observed splinting on either hand of Resident #1.</p> <p>During an interview on 5/31/12 at 9:57 am, restorative ald #1 stated all splinting of residents</p>	F 318		

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F 318	<p>Continued From page 3</p> <p>was done by 9:00 am. The documentation was completed on who was splinted and how long. He obtained a list of residents who required splinting. He indicated Resident #1 was not on the list to have a splint applied or any range of motion. There was no documentation in the restorative log book for Resident #1. Restorative aide #1 stated if a resident goes to the hospital, when they return the restorative picks up where it left off unless the resident goes back to physical therapy.</p> <p>During an interview on 5/31/12 at 10:21 am, restorative aide #2 indicated all splinting began at 7:15 am, and were removed after lunch. She indicated she was not familiar with Resident #1; he was not on the list. Review of the restorative book in the rehab gym revealed Resident #1 was not on the case load for restorative.</p> <p>During an interview on 5/31/12 at 10:37 am, therapy director stated Resident #1 was to have splinting two hours a day regardless if he went to the hospital.</p>	F 318		
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