OCT 0 1 2012

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

PRINTED: 09/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345111	A. BUILDING ______ B. WING ______	C 09/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENICK VILLAGE	500 EAST RHODE ISLAND AVENUE SOUTHERN PINES, NC 28387

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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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to notify the	F 157	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 residents' physical, mental , or psychosocial status (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€(2); or a change in residents rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Raymond Stevens Lic# 2442 TITLE: Healthcare Administrator (X6) DATE: 9/25/12

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 157	Continued From page 1 responsible party for 1 of 3 residents (resident #1) needing an appointment for podiatry services. Findings include: Resident #1 was admitted to the facility on 3/6/09 with diagnosis of dementia and cardio obstructive pulmonary disease. The most recent 30 day minimum data set (MDS) dated 7/31/12 indicated that resident #1 was moderately cognitively impaired, required extensive assistance from staff for grooming and hygiene. A review of the medical record revealed a consult from the podiatrist stating resident #1 was seen on 6/1/12. There is no mention anywhere in the medical record that the responsible party was notified of this visit or of any new doctor ' s orders. Resident #1 was sent out again on 6/22/12 to the same podiatrist and all toe nails were trimmed during this appointment. There was no mention in the medical record that resident #1 ' s responsible party was notified of this podiatry visit. On 9/5/12 at 11:40 am, the nursing assistant (NA) #1 was observed transferring resident #1 from her wheelchair to her recliner. Resident #1 exhibited no pain or discomfort with standing and transferring. Resident #1 was noted to be wearing socks and pliable non-skid footwear. On 9/5/12 at 3:30 pm, the administrator stated the podiatrist who was coming to the facility retired June 2012 but it would be his expectation that if podiatry services were	F 157	This requirement is not met as evidenced by; Based on observation, record review and staff interview, the facility failed to notify responsible party of 1 of 3 residents needing an appointment for podiatry services. Penick Village's Goal is to provide the necessary notifications and will complete the following to address the aforementioned area of concern. All Charge Nurses will be in-serviced and educated to notify point of contact who may be a family member/responsible party/ or loved one of any appointments/ change in condition or status as so desired by resident. The Transportation Coordinator or designee will verify appointments with physicians and call family members to assure that appointments have been made and properly scheduled. The Transportation Coordinator will utilize a updated transportation log that requires verification signature that family was notified. (Attachment A)	09/26/12 10/31/12 11/28/12 12/19/12 Start 10/1/12 Monthly

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F 157	Continued From page 2 indicated for any resident, an appointment would be made and the resident and responsible party would be notified by the clinical staff. O 9/5/12 at 4:00 pm, the social worker for the facility stated the clinical staff was referring residents to a podiatrist for services as needed. The social worker stated that whoever found the problem and made the appointment would be the person responsible for notifying the resident and/or the responsible party. On 9/5/12 at 4:20 pm, the director of nursing (DON) stated it would be her expectation that nursing assistant ' s notify the nurse assigned to the resident of any podiatry needs that could not be met at the facility. The DON stated her expectation would be the clinical supervisor to assist the nurses with setting up appointments, notifying the resident and/or the resident ' s responsible party prior to the scheduled appointment.	F 157	Social Worker or Designee will inform residents and responsible party/family members of in-house appointments scheduled on a monthly basis (i.e. podiatrist visits.) A Resident list will be provided to nursing staff as a communication tool. Medical Records personnel or designee will do monthly audits and randomly call family members, Point of Contacts, etc to verify notification by staff. (Attachment B) Notifications of appointments will be discussed and audits reviewed during the quarterly Quality Assurance Meetings every 90 days and during the clinical meetings monthly.	10/31/12 Monthly Start 10/1/12 Monthly Ongoing
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff, resident and family interviews, the facility failed to	F 242	483.15(b) Self –Determination-Right to make Choices The resident Has the right to choose activities, schedules and health care consistent with his or her interests, assessments, and plans of care; Interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.	

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F 242	Continued From page 3 honor choices in 1 of 3 residents (resident ' #1) regarding food preferences. Findings include: Resident #1 was admitted to the facility on 3/6/09 with diagnosis of dementia cardio obstructive pulmonary disease. The most recent 30 day minimum data set (MDS) dated 7/31/12 indicated that resident #1 was moderate cognitively impaired, and required only set up assistance from staff for eating. A review of resident #1 ' s medical record revealed Boost Instant Breakfast drink (lactose free) was order twice daily on 8/22/12. A review of nursing note dated 8/31/12 at 6:17 pm, the resident was upset about the Boost Instant Breakfast drink (lactose free) being on her tray. The note stated that the nurse attempted to explain that the product contained no milk, but the resident threw the drink carton at the nurse. The note stated a dietary was notified. A nursing note dated 9/3/12 at 11:11 am and another nursing note dated 9/3/12 at5:08 pm, stated the resident refused the Boost Instant breakfast drink (lactose free). A nursing note dated 9/4/12 at 5:26 pm, stated resident #1 refused the Boost Instant Breakfast drink (lactose free). On 9/5/12 at 11:40 am, resident #1 was observed eating her lunch. On her tray was a Boost Instant Breakfast drink (lactose free). Resident #1 stated she did not want the Boost Instant Breakfast	F 242	The Alleged concerns state that observations, record reviewed and staff resident and family interviews, the facility failed to honor choices in 1 of 3 residents regarding food preferences. Penick Village's goal is to provide choice to our residents and will do the following providing this matter. Resident, who was affected by the allegations, was given a fortified juice which s/he approved on having. Dietary staff has been able to provide him/her with the drink on a consistent basis. A Tray Line Staff Communication Log has been created for dietary staff inorder to verify that communication is made with staff on any dietary changes made by residents in the skilled nursing facility. (Attachment C) This form will be completed upon change in menu/tray ticket. A Tray Line Monitoring Form has also been created to audit the accuracy of the communication log. The tray line form will be completed three days out of the 7	10/1/12 Ongoing Start 10/1/12 Ongoing

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F 242	Continued From page 4 drink. A review of resident #1 ' s tray ticket revealed allergic to milk. On 9/5/12 at 11:50 am, resident# 1 ' s nursing assistant #1 (NA) stated resident #1 will not drink the Boost Instant Breakfast drink (lactose free) because resident #1 thought it was a milk product. NA #1 stated staff offered it to her daily for weight gain but she always refused and asked that it be taken away. On 9/5/12 at 11:55 am, the clinical supervisor stated he was aware that resident #1 had an order for Carnation Instant Breakfast (lactose free). The clinical supervisor stated the Boost and Carnation Instant Breakfast drink (lactose free)was the same and interchangeable. The clinical supervisor stated that resident #1 often refused the Boost because she thought it had milk in it. The clinical supervisor stated that staff had tried to explain to resident #1 that the product did not contain milk but without success. The clinical supervisor stated that he or the nursing staff were responsible for letting dietary staff know about food dislikes or preferences. On 9/5/12 at 4:10 pm, the dietician stated resident #1 did not drink the Boost Instant Breakfast drink (lactose free) because resident #1 thought it had milk in it. The dietician stated she had found a product on 9/5/12 that was fortified and looked and tasted like juice. The dietician stated awareness of resident #1 ' s refusal of the Boost Instant Breakfast drink (lactose free). On 9/5/12 at 5:13 pm, resident #1 was observed eating her dinner. On her tray was Boost Instant	F 242	day week schedule four times a month. (Attachment D) Updated Dietary Tray Ticket are now added to identify a change in meal provided to the resident. (Attachment E) Dining Services will monitor resident meal choice options via audit tools during Quality Assurance Committee (an ongoing basis.	 9/26/12 Ongoing Quarterly

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F 242	Continued From page 5 Breakfast drink (lactose free). The resident family member stated that resident #1 had an aversion to milk and refused to drink the Boost because she was convinced it contained milk. Resident #1 requested the Boost Instant Breakfast drink (lactose free) be removed from her tray On 9/5/12 at 5:50 pm, the administrator stated he was not aware there was an issue with resident #1 ' s recent orders for the supplement, resident #1 ' s refusal and reaction to getting it on her tray. The administrator stated it would be his expectation residents' choices be honored.	F 242		
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, record review and staff interviews, the facility failed to assure podiatry services were provided for1 of 3 residents (resident #1). Findings include:	F 328	483.25(k) Treatment/Care for Special Needs The Facility must ensure that resdients receive proper treatment and care for the following special services; Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care Tracheael suctioning; Respiratory care; Foot care; and Prostheses.	

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F 328	Continued From page 6 Resident #1 was admitted to the facility on 3/6/09 with diagnosis of dementia. The most recent 30 day minimum data set (MDS) dated 7/31/12 indicated that resident #1 was moderately cognitively impaired, required extensive assistance from staff for all of her activities of daily living except for eating. A review of the podiatry consults revealed the resident was seen at the facility on 8/25/11 for foot care and toe nail debridement. The next podiatry consult was dated 6/1/12 in which resident #1 was sent to a podiatrist office. Upon return, resident #1 had orders for Gentamicin Sulfate topical 0.1% cream to the right second toe daily where the nail had curled over and pressed into the tip of the toe. A review of resident #1 ' s care plan dated 6/1/12 revealed an open area on her right second toe due to untrimmed toe nails with interventions to include providing the treatment as ordered by the doctor, enŝuring no periods of prolonged pressure from her shoes. The area to her right second toe resolved on 6/9/12. A review of the June 2012 treatment record revealed the resident received the treatment as ordered every day until the area healed on 6/9/12. On 9/5/12 at 11:40 am, the nursing assistant (NA) #1 was observed transferring resident #1 from her wheelchair to her recliner. Resident #1 exhibited no pain or discomfort with standing and transferring. Resident #1 was noted to be wearing socks and pliable non-skid footwear.	F 328	Penick Village was alleged not to meet this requirement as observations, record review and staff interviews indicated that 1 out of 3 residents did not have podiatry services scheduled. Penick Village will provide several nursing in-services to educate staff of the importance in scheduling appointments for resident requiring foot care or any medical service. These meetings have been scheduled monthly on an ongoing basis. Weekly skin assessments will be completed by infection control nurse or designee who will incorporate foot care reviews. A resident list of individuals needing foot care will be provided to the charge nurses and the DON on a weekly basis. Charge Nurses will be responsible to make any necessary appointments to podiatrist.	09/26/12 10/31/12 11/28/12 12/19/12 Weekly Weekly

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F 328	Continued From page 7 On 9/5/12 at 11:50 am, NA # 1 stated if a resident needed to have toe nails cut and staff were not comfortable cutting the toe nails, the NA would let the charge nurse know so an appointment could be made for a podiatrist to do it. NA #1 stated that resident #1 required the services of a podiatrist because of malformation of the resident ' s feet. On 9/5/12 at 4:00 pm, the social worker for the facility stated the nurses were the one ' s referring residents to a podiatrist for services as needed. On 9/5/12 at 4:20 pm, the director of nursing (DON) stated it would be her expectation the NA ' s notify the nurse assigned to the resident of any podiatry needs that could not be met at the facility. The DON stated that it was her expectation that the clinical supervisor assist the nurses with setting up appointments.	F 328	Director of Nursing/ Designee will audit appointments weekly with an appointment auditing tool. (Attachment F) Quality Assurance will be held quarterly to monitor process and make any necessary updates to process.	Ongoing Ongoing