

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

PRINTED: 01/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/09/2013
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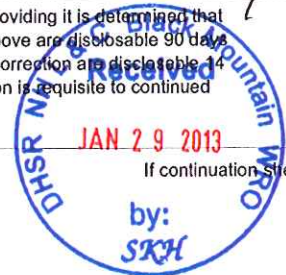
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-GASTONIA	STREET ADDRESS, CITY, STATE, ZIP CODE 416 N HIGHLAND ST GASTONIA, NC 28052
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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
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F 323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to cease care when a resident became agitated and combative which resulted in a fracture for 1 of 3 sampled residents with behavior problems (Resident #1).</p> <p>The findings are:</p> <p>Resident #1 was admitted to the facility on 5/14/12 with diagnoses which included Dementia and Anxiety.</p> <p>Review of Resident #1's behavioral progress note dated 11/13/12 revealed an assessment of dementia with aggression. Recommendations included allowance of time for Resident #1 to regain control of her emotions and reschedule activity if necessary.</p> <p>Review of Resident #1's quarterly Minimum Data Set (MDS) dated 11/16/12 revealed an assessment of short and long term memory problems with severely impaired decision making skills. Resident #1's MDS indicated rejection of care and physically abusive behavior towards</p>	F 323	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Resident #1 is receiving adequate supervision and assistance to prevent injury. NA #1 is no longer employed in the center.</p> <p>Licensed Nurses (LN) and Certified Nurses Assistants (CNA) will receive Directed In-service training to be conducted by Karen Clark RN, MSN Nursing Instructor from Western Piedmont Community College regarding care for the behavioral and combative resident.</p> <p>The SDC will include the above in-service in the orientation program for licensed nurses and certified nurses assistants.</p> <p>The Director of Nurses (DNS), Assistant Director of Nurses (ADNS) and /or the Staff Development Coordinator (SDC) will monitor resident care (via direct observation) for 5 residents two times weekly x4 weeks then weekly x4 thereafter to ensure that appropriate care is provided to prevent resident accidents or injuries.</p> <p>Data results will be reviewed and analyzed at the facility's monthly Performance Improvement (PI) Committee Meeting monthly for three months with a subsequent plan of correction as needed.</p>	2/7/2013
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Stann Brown
TITLE
Executive Director
(X6) DATE
1/25/13

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 also subject to 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 also subject to 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 323	<p>Continued From page 1 others.</p> <p>Review of Resident #1's care plan dated 12/04/12 revealed combative behavior and care resistance listed as a problem. Interventions included the direction to approach at a later time if Resident #1 exhibited agitation.</p> <p>Review of Resident #1's nursing note dated 12/14/12 revealed a Nurse Aide (NA) reported hearing a "snap" during bunny boot application.</p> <p>Review of Resident #1's x-ray result dated 12/14/12 revealed an acute distal femoral spiral fracture.</p> <p>Review of Resident #1's operative report dated 12/16/12 revealed Resident #1 sustained a twisting injury which resulted in a right distal third spiral femoral shaft fracture.</p> <p>Interview with Nurse #1 on 01/09/13 at 9:45 AM revealed Resident #1 exhibited periods of agitation and combativeness. Nurse #1 explained Resident #1 could be redirected at times. Nurse #1 explained if the redirection was unsuccessful, NAs should report the behavior to the nurse and approach Resident #1 later to render care.</p> <p>Interview with NA #1 on 01/09/13 at 9:55 AM revealed Resident #1 would kick and shout occasionally during attempts at care such as dressing. NA #1 explained she would report the behavior to the nurse and approach Resident #1 later in the morning.</p> <p>A telephone interview was conducted on 01/09/13</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>at 10:30 AM with NA #2, who was no longer employed at the facility. NA #2 revealed Resident #1 became combative when she attempted to put on the bunny boot on the right foot on 12/14/12. NA #2 reported she continued to attempt to apply the boot and heard "a snap" after Resident #1 kicked at her while she held the leg. NA #2 explained she immediately reported the sound to Nurse #2. NA #2 explained she continued the bunny boot application because it was the remaining item to be "done and then I would be finished." NA #2 reported she had stopped care in the past due to Resident #1's combativeness but did not that day (12/14/12).</p> <p>Telephone interview with Nurse #2 on 01/09/13 at 11:07 AM revealed NA #2 reported she heard a "leg snap" during the application of a bunny boot on Resident #1's right foot on 12/14/12. Nurse #2 explained he assessed Resident #1 and administered an analgesic. The physician received notification of leg swelling and redness with continued pain. Nurse #2 reported Resident #1 had raised her fist to him during the medication pass that morning but calmed after redirection. Nurse #2 explained staff should not continue physical care if Resident #1 became agitated.</p> <p>Interview with the Director of Nursing (DON) on 01/09/13 at 1:35 PM revealed she expected staff to cease care when a resident exhibited agitated or combative behavior. The DON explained NA #2 should have stopped the bunny boot application.</p>	F 323			