

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

10/16/13

PRINTED: 10/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345359	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/27/2013
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NAME OF PROVIDER OR SUPPLIER CREEKSIDE CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 604 STOKES STREET EAST AHOSKIE, NC 27910
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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=D	<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 observations, record reviews, resident, family and staff interviews the facility failed to use a mechanical lift device for transfers for 1 of 3 residents (Resident #1) reviewed for accidents.</p> <p>Findings included: Resident #1 was admitted on 7/23/13 from an acute care hospital with diagnoses that included Cerebral Infarction, history of CVA (cardiovascular accident), chronic diastolic congestive heart failure, chronic kidney disease stage 3 and malnutrition.</p> <p>The Physical Therapy Evaluation dated 7/24/13 revealed that Resident #1 had decreased safety awareness, required maximum assist with bed mobility and was dependent on staff for transfers.</p> <p>The Admission Minimum Data Set (MDS) Assessment dated 7/30/13 revealed that the resident had memory problems and was moderately impaired in decision making. The assessment revealed that the resident was totally dependent for transfers, with two person physical assistance. The Care Area Assessment (CAA)</p>	F 323	<p>F 323</p> <p>It is the practice of the facility to ensure that the residents environment remains as free of accidents and hazards as possible and that each resident adequate supervision and assistive devices to prevent accidents</p> <ol style="list-style-type: none"> 1. Resident #1 no longer resides at the facility 2. House sweep will be performed to determine which resident warrants a mechanical lift. The resident care card will then be revised to reflect if a lift is indicated. 3. (a). Residents residing in the facility will have their medical record audited and care card and care plan updated to reflect mechanical lift transfer. (b). Newly admitted residents will be discussed in clinical meetings after being evaluated by PT to determine how the resident should be transferred. 	10/24/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James J. [Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE 10-15-13
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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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F 323	<p>Continued From page 1</p> <p>dated 7/31/13 revealed that the resident was at risk for impaired functional mobility.</p> <p>The resident 's Care Plan most recently reviewed on 8/8/13, identified a problem of impaired functional mobility. One of the goals stated: " Functional mobility, positioning and transfers will be achieved daily with use of appropriate device. " The approach included extensive assistance with a device for transfers.</p> <p>The Physical Therapy Assistant Weekly Progress Report dated 7/25/13 to 7/31/13, revealed the facility caregivers received training by the physical therapy staff for transferring Resident #1 via mechanical lift. -</p> <p>NA (nursing assistant) #1 was interviewed on 9/27/13 at 1:25 PM. NA #1 reported she would find assistance to transfer the resident, because two persons assist was required. NA#1 revealed resident #1 could pivot and stand. The NA stated that the person assisting her would stand on the other side of Resident #1 to assist with the stand up and pivot procedure. NA#1 did not think that Resident #1 required a mechanical lift for transfers.</p> <p>NA #2 was interviewed on 9/27/13 at 2:30 PM. She stated she assisted NA #1 in transferring the resident in the mornings. NA #1 revealed the method they used was two persons assist to stand and pivot.</p> <p>In an interview conducted on 9/27/13 at 2:50 PM, Physical Therapist (PT) #1 revealed she assessed resident #1 on 7/24/13. She stated resident #1 had muscle weakness and was dependent for transfer. She reported a</p>	F 323	(c). The Director of Nursing will in-service the Physical Therapy Director and therapy staff on documenting transfer recommendations on the Clinical White Board, functioning maintenance plan and on the 24 hour report after the New admission has been evaluated. (d). The Staff Development Coordinator and or the Assistant Director of Nursing will in-service the Licensed Nurses to transcribe the resident's method of transfer on the resident's care		

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F 323	<p>Continued From page 2</p> <p>mechanical lift was recommended by PT for the method of transferring resident #1.</p> <p>An interview was conducted on 9/27/13 at 3:00 PM with PT Assistant #1, who revealed resident #1 required maximum assist and was completely dependent for transfers, requiring a mechanical lift device for transfers. PT Assistant #1 revealed on 7/31/13 the caregiver staff was trained to transfer resident #1 via mechanical lift. The PT Assistant stated the weekly progress reports for a resident guides their plan of care recommendation. The PT Assistant stated that Resident #1 's plan of care included strengthening, improving balance, promote trunk control to be able to sit, increase bed mobility, gait training, and transfer training. The PT Assistant stated that the caregiver staff had only been trained to transfer this resident with a mechanical lift. The PT Assistant stated that the physical therapy plan of care required the staff to continue to utilize a mechanical lift device when transferring resident #1.</p> <p>An interview was conducted on 9/27/13 at 3:30 PM with the Director of Rehabilitation. The Director stated " if the resident has proper balance and stability, they can be assisted to stand safely. " She reported resident #1 had unsafe balance and stability.</p> <p>An interview was conducted on 9/27/13 at 4:20 PM with Nurse #2, who revealed she was the nurse on duty when resident #1 was admitted on 7/23/13, and had started the admission assessment packet on the resident. Nurse #2 stated the admitting nurse usually fills out the resident care card. She indicated that the assessment information on how the staff should</p>	F 323	<p>card and care plan. (e). The Director of Nursing and or the Staff Development Coordinator will in-service the Certified Nurses Assistants to review the resident care cards at the beginning of the shift for updated information. (f). Three times a week, the Director of Nursing, the Assistant Director of Nursing and or the Staff Development Coordinator will audit new admission's Physical therapy evaluations for transfer recommendations, the 24 Hour Change of Condition Report, the Resident care card and Care Plan to evaluate whether transfer information was correctly transcribed. (g). Three times a week, the Director of Nursing, the Assistant Director of Nursing and or the Staff Development Coordinator will conduct two random observations of a resident being transferred to evaluate whether Residents are being transferred per PT recommendation.</p>		

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F 323	<p>Continued From page 3</p> <p>transfer a resident was not completed during her assessment on Resident #1. She indicated that PT conducted an assessment on the resident to determine how the resident was to be transferred. The Resident Care Card directed the staff to use one person assist when transferring resident #1. Nurse #2 stated she did not know who marked Resident #1 care card for one person assist for transfers.</p> <p>An interview was conducted on 9/27/13 at 5:15 PM with Supervisor #1, who revealed on 9/16/13 she was the nurse on duty for resident #1. The Supervisor stated the NA taking care of resident #1 reported to her that resident #1 was declining, and required more assistance during transfers. The NA revealed resident #1 was being assisted by two persons to stand and pivot for transfers. Supervisor #1 said she wrote the order on 9/16/13 for Resident #1 to be transferred with a mechanical lift device.</p> <p>The Director of Nursing stated in an interview on 9/27/13 at 5:00 PM that the PT staff was informed of all new admissions and they conduct an evaluation to determine how the resident was to be transferred. The DON stated that she had not read the PT evaluation for Resident #1. The DON stated that she had just started to attend the Plan of Care meetings and that the PT progress reports were discussed during these meetings. The DON stated that she was unclear how the nursing staff received their instructions on how resident #1 was to be transferred.</p>	F 323	4. Results of these audits will be forwarded to the centers QAPI Committee for review. The QAPI Committee will determine the need for further performance improvement plans, if applicable.		