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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345473	A. BUILDING ______ B. WING ______	C 10/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILORA LAKE HEALTHCARE CENTER	6001 WILORA LAKE ROAD CHARLOTTE, NC 28212

(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 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to provide a clean dressing on a pressure sore for 1 of 3 sampled residents with pressure sores (Resident #26). The findings include: Resident #26 was admitted to the facility on 07/25/05 with diagnoses which included Alzheimer's Disease, anxiety and peripheral vascular disease. Review of Resident #26's quarterly Minimum Data Set dated 09/20/13 revealed an assessment of short and long term memory problems in addition to bladder and bowel incontinence. Review of a nursing communication to the physician dated 09/25/13 revealed documentation of an open area on Resident #26's right hip which measured 3 centimeters (cm) by 2 cm. Review of a physician's order dated 09/26/13 revealed direction to clean the right buttock area	F 314	**" 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."** 1. Resident #26's wound was cleansed, treatment applied and the dressing re-applied by Nurse #1 on October 22, 2013. The Wound Care Physician assessed Resident #26 on October 24, 2013 and resolved the area as healed. Nursing Assistant #1 was provided one-to-one education and counseling, by the Director of Nursing on October 22, 2013 regarding her responsibilities of reporting immediately to the nurse, if a dressing is found to be soiled or is dislodged during care. 2. Residents with wounds requiring dressings have the potential to be affected by the same alleged deficient practice. Residents currently residing in the facility with orders for dressings have been identified. On October 22, 2013, the RN Unit Manager observed other residents with orders for dressings residing in the facility, at that time, to ensure the ordered dressing was in place. No other residents were noted without the ordered dressing. Random dressing observations were conducted between October 23, 2013 and November 7, 2013 to spot check dressing placement. Random observations were conducted by the Director of Clinical	11/11/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature]
TITLE: Administrator
(X6) DATE: 11/8/13

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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345473	A. BUILDING ______ B. WING ______	C 10/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILORA LAKE HEALTHCARE CENTER	6001 WILORA LAKE ROAD CHARLOTTE, NC 28212

(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 314	Continued From page 1 with normal saline, pat dry, apply santyl collagenase (a topical medication used to debride wounds) and cover with dry dressing daily and as needed. Review of the wound physician's evaluation dated 09/26/13 revealed a right buttock open area measurement of 1.2 centimeters (cm.) by 2.0 cm. by 0.1 cm. The wound physician documented the area as a Stage 3 pressure sore. Review of the wound physician's evaluation dated 10/17/13 revealed the right buttock pressure sore measurement decreased to 0.5 cm. by 0.6 cm. by 0.1 cm. Observation on 10/22/13 at 10:45 AM revealed Resident #26 seated on a cushion in a wheelchair. Observation on 10/22/13 at 12:05 PM revealed Resident #26 seated on a cushion in a wheelchair. Observation on 10/22/13 at 2:18 PM revealed Nurse Aide (NA) #1 transported Resident #26 in the wheelchair into the Resident's room Observation on 10/22/13 at 2:40 PM revealed Nurse #1 unfastened Resident #26's dry disposable brief. There was no dressing on the right buttock pressure sore. The area was approximately 0.5 cm. in diameter with an approximately 0.2 cm. by 0.2 cm. dark granulated area in the center. Nurse #1 announced there should be a dressing over the area. Nurse #1 searched unsuccessfully for the old dressing in Resident #2's brief and bedclothes. Nurse #1 cleansed the area, applied the santyl collagenase	F 314	Services, Unit Manager(s) and/ or Unit Charge Nurses. Any negative findings were immediately addressed. 3. Certified Nursing Assistants were re-educated by the DCS/Nurse Manager on October 22, 2013, October 23, 2013 and again on November 5, 2013 and November 6, 2013, to notify the nurse if a dressing is dislodged or soiled during care to ensure the dressing is re-applied according to the physician's orders. Licensed Nurses were re-educated by the DCS/Nurse Manager on November 5, 2013, November 6, 2013 and November 8, 2013 to complete residents' wound care per physicians' orders and that if a resident's wound dressing becomes dislodged or soiled, they are to re-apply that dressing as soon as they are made aware. Responsibilities of the certified nursing assistant and the licensed nurse regarding dressing management will be incorporated in the facility's orientation for newly hired nursing staff. In addition, training for licensed nurses will be conducted on November 8, 2013 by a wound care certified nurse regarding pressure ulcers including; identification of wounds, risk factors, treatment modalities and dressings. The Director of Clinical Services/Nurse Manager/Unit Charge Nurse or other designated licensed nurse will conduct Quality Improvement monitoring of residents' wound dressings to ensure that they are in place and intact per physicians' orders. Quality Improvement monitoring, including observing the wound dressing to ensure it is in place, will be conducted at least daily x 8 weeks, then at least 3 times per week for 8 weeks alternating shifts, then one shift weekly for 8 weeks alternating shifts, and then one shift	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345473	A. BUILDING ______ B. WING ______	C 10/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILORA LAKE HEALTHCARE CENTER	6001 WILORA LAKE ROAD CHARLOTTE, NC 28212

(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 314	Continued From page 2 and covered the area with a clean dressing. Interview on 10/22/13 at 2:45 PM with Nurse #1 revealed she routinely changed Resident #26's dressing in the afternoon. Nurse #1 explained the area required a dressing and did not know the reason for its absence. Interview with NA #1 at 2:53 PM on 10/22/13 revealed Resident #26's right buttock dressing came off during urinary incontinent care that morning and did not report this to Nurse #1. NA #1 reported she transferred Resident #1 to the wheelchair without a dressing on the pressure sore. NA #1 explained she thought it would be alright if the area was uncovered until Resident #1 returned to bed in the afternoon. Interview with the Director of Nursing (DON) on 10/22/13 at 3:09 PM revealed she expected nurse aides to report to the nurse if a dressing came off during care. The DON reported NA #1 should not make the decision to leave the area uncovered.	F 314	monthly for 6 months alternating shifts. Quality Improvement monitoring on a shift will be completed using a sample size of 5 residents with orders for dressings. 4. The Director of Clinical Services will report the findings of the Quality Improvement monitoring to the Quality Assurance/ Performance Improvement Committee monthly x 12 months for continued substantial compliance and/or revision. 5. Allegation of Compliance Date: November 11, 2013.	