

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

NOV 15 2013

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345492	MULTIPLE CONSTRUCTION A BLDG _____ B WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2013
NAME OF PROVIDER OR SUPPLIER NC STATE VETERANS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 214 COCHRAN AVENUE FAYETTEVILLE, NC 28301		
(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 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>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).</p> <p>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.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, family and staff interviews, the facility failed to notify the physician of the recommended treatment for a clavicle</p>	F 157	<p>F 157 Fayetteville D-9/27/2013</p> <p>F 157</p> <p>The facility continues to provide Resident #1 with appropriate device per MD order.</p> <p>Audit performed on Residents who have returned from hospital in past 30 days to ensure recommendations have been addressed and followed.</p> <p>All nursing staff will be in-serviced at this time and upon hire from here forward on communicating to the MD, Hospital Emergency Department Take Home instructions/recommendations for treatment, upon the resident's return to the facility by the Director of Nursing, Performance Improvement Nurse, & Nursing Supervisors.</p> <p>Monitoring of the communication of Hospital Emergency Department Take Home instructions with treatment recommendations will be monitored by the Performance Improvement Nurse {RN}, 3-11, and Weekend Nurse Supervisors as resident's return to the facility from the hospital. Continued monitoring will then occur 3 times/wk x 4 weeks, 2 times/wk x 4 weeks, and weekly for 4 weeks.</p>	9/27/2013 9/27/2013 10/21/2013 10/25/2013	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Whitney Bell

TITLE

Administrator

(X6) DATE

11/13/13

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.

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F 157	<p>Continued From page 1</p> <p>fracture for 1 of 1 resident (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 2/4/2011 from an acute care hospital with diagnoses that included dementia.</p> <p>The Minimum Data Set (MDS) dated 7/30/2013 indicated the resident was severely cognitively impaired and had memory problems. The MDS further indicated the resident required total assistance with dressing.</p> <p>A review of a facility incident report dated 9/21/2013 at 11:15 am indicated the resident had a fall from her wheelchair to the ground.</p> <p>A review of the Hospital Emergency Department Take Home Instructions for the Patient sheet dated 9/21/2013 at 3:16 pm revealed a fractured clavicle. A referral was made for follow up with a local Orthopaedic office. The instructions sheet further revealed treatment included: " A figure of eight strap to pull the shoulders back or a sling to help rest the injured shoulder, apply ice packs to the site of the fracture for 20-30 minutes every 2 hours for 2-3 days, pain medicine may be needed for several days. "</p> <p>A review of a telephone physician order dated 9/21/2013 at 6:00 pm indicated "Cool compress 20-30 minutes every 2 hours for 3 days, Follow up with Orthopaedic clinic, make appointment, Tramadol 50 mg by mouth every six hours for 10 days.</p> <p>A review of a physician order dated 9/27/2013 at 12:50 pm indicated "Sling to right arm to help rest</p>	F 157	<p>Results of the monitoring with tracking and trending will be reported by the Performance Improvement Nurse (RN) monthly on an ongoing basis to the Performance Improvement Committee for recommendations and suggestions for improvement or changes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345492	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A BLDG _____ B WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2013
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F 157	Continued From page 2 the injured shoulder. " On 9/27/2013 at 1:15 pm, during a phone interview, Nurse # 2 stated the treatment recommendations on the Hospital Emergency Department Take Home Instructions for the Patient dated 9/21/2013 for the sling or the figure of eight strap was an oversight. Nurse #2 stated "I did not see it." In an interview with the administrator on 9/27/2013 at 1:18 PM, she indicated she expected the nurse to communicate the recommendations for treatment to the physician appropriately and accurately. On 9/27/2013 at 1:33pm, in an interview with the attending physician, he stated he expected the nurse to communicate the recommendations for treatment from the emergency department to him upon the resident's return to the facility.	F 157			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review, family and staff interviews, the facility failed to provide the recommended treatment for 1 of 1 resident,	F 309	F 309 Fayetteville D – 9/27/2013 F 309 The facility continues to provide Resident #1 with appropriate device per MD order. Audit performed on Residents who have returned from hospital in past 30 days to ensure recommendations have been addressed and followed.	9/27/2013 9/27/2013	

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F 309	<p>Continued From page 3</p> <p>(Resident #1), who had a clavicle fracture.</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 2/4/2011 from an acute care hospital with diagnoses that included dementia.</p> <p>The Minimum Data Set (MDS) dated 7/30/2013 indicated the resident was severely cognitively impaired and had memory problems. The MDS further indicated the resident required total assistance with dressing.</p> <p>A review of a facility incident report dated 9/21/2013 at 11:15 am indicated the resident had a fall from her wheelchair to the ground.</p> <p>A review of the Hospital Emergency Department Take Home Instructions for the Patient sheet dated 9/21/2013 at 3:16 pm revealed a fractured clavicle. A referral was made for follow up with a local Orthopaedic office. The instructions sheet further revealed treatment included: " A figure of eight strap to pull the shoulders back or a sling to help rest the injured shoulder, apply ice packs to the site of the fracture for 20-30 minutes every 2 hours for 2-3 days, pain medicine may be needed for several days. "</p> <p>A review of a telephone physician order dated 9/21/2013 at 6:00 pm indicated "Cool compress 20-30 minutes every 2 hours for 3 days, Follow up with Orthopaedic clinic, make appointment, Tramadol 50 mg by mouth every six hours for 10 days."</p> <p>On 9/27/2013 at 8:35 am, an observation of Resident #1 in the dining room during breakfast</p>	F 309	<p>All nursing staff will be in-serviced at this time and upon hire on communicating to the MD, Hospital Emergency Department Take Home instructions/recommendations for treatment, upon the resident's return to the facility by the Director of Nursing, Performance Improvement Nurse, & Nursing Supervisors.</p> <p>Monitoring of the communication of Hospital Emergency Department Take Home instructions with treatment recommendations will be monitored by the Performance Improvement Nurse (RN), 3-11, and Weekend Nurse Supervisors as resident's return to the facility from the hospital. Continued monitoring will then occur weekly for 3 times/wk x 4 weeks, 2 times/wk x 4 weeks, and weekly for 4 weeks. Results of the monitoring with tracking and trending will be reported by the Performance Improvement Nurse (RN) monthly on an ongoing basis to the Performance Improvement Committee for recommendations and suggestions for improvement or changes.</p>	<p>10/21/2013</p> <p>10/25/2013</p>	

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F 309	<p>Continued From page 4</p> <p>did not reveal the resident wearing a sling or strap to the injured shoulder. Resident #1 ' s right arm was noted hanging over the arm of the wheelchair. On 9/27/2013 at 8:35 am, Nurse #1 stated a sling was not ordered for Resident #1.</p> <p>During a phone interview on 9/27/2013 at 8:47 am, the triage nurse at the referred Orthopaedic office indicated resident #1 should wear the sling for support to promote healing and comfort. The nurse further indicated the sling should be removed for bathing or dressing only.</p> <p>On 9/27/2013 at 10:15 am, during an interview, the administrator indicated she was not aware of the order for a sling after reviewing the Hospital Emergency Department Take Home Instructions for the Patient sheet dated 9/21/2013.</p> <p>A review of a physician order dated 9/27/2013 at 12:50 pm indicated "Sling to right arm to help rest the injured shoulder."</p> <p>On 9/27/2013 at 1:15 pm, during a phone interview, Nurse # 2 stated the treatment recommendations on the Hospital Emergency Department Take Home Instructions for the Patient dated 9/21/2013 for the sling or the figure of eight strap was an oversight. Nurse #2 stated " I did not see it. "</p> <p>In an interview with the administrator on 9/27/2013 at 1:18 PM, she indicated she expected the nurse to communicate the recommendations for treatment from the emergency department to the physician appropriately and accurately.</p> <p>On 9/27/2013 at 1:33pm, in an interview with the</p>	F 309		

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F 309	Continued From page 5 attending physician, he stated he expected the nurse to communicate the recommendations for treatment from the emergency department to him upon the resident 's return to the facility.	F 309			