

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/16/2014
NAME OF PROVIDER OR SUPPLIER ROXBORO HEALTHCARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573		
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F 314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff, nurse practitioner, wound care physician, resident interviews, and record review the facility failed to provide a prescribed wound dressing to a stage IV a pressure ulcer for 1 hour and 45 minutes for 1 of 4 sampled residents (Resident #3) and failed to clarify and transcribe a medication for 1 of 4 sampled with pressure ulcers. (#141). Finding included:</p> <p>Resident #3 was admitted on 10/21/11, with the diagnoses of neurogenic bladder, and hypertension. His most current Minimum Data Set dated 2/27/14, revealed he made decisions of his daily care, and was accurate with long and short term memory. He required total care with all activities of daily living. He was incontinent of bowel and had a suprapubic indwelling catheter. He had stage IV pressure ulcer which measured 7.0cm (centimeters) long x 8.5cm wide x 0.1cm deep. He was unable to move upper or lower extremities on both sides of his body.</p> <p>Wound Care Policy dated 10/16/12 revealed</p>	F 314	<p>F314 STANDARD DISCLAIMER: The Plan of Correction for this alleged deficient practice is provided as a necessary requirement of continued participation in the Medicare and Medicaid program(s) and does not, in any manner, constitute an admission to the validity of the alleged deficient practice(s).</p> <p>Resident #3's wound care is currently provided in accordance with physician's orders and/or facility policy. Similarly, Resident #141's attending physician re-ordered a multi-vitamin supplement on May 15, 2014.</p> <p>For those residents having the potential to be affected by the same alleged deficient practice, all CNA's have been in-serviced on the importance of notifying nurses when a change in a resident's dressing is visibly soiled and/or is in need of being changed (i.e. after a bath, etc.). Licensed</p>	6/9/14	

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

TITLE

(X6) DATE

Electronically Signed

06/03/2014

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 314	<p>Continued From page 1</p> <p>The intent of this policy is that the resident does not develop pressure ulcers unless clinically unavoidable and that the facility provides care and services to:</p> <ul style="list-style-type: none"> Promote the prevention of pressure ulcer development Promote the healing of pressure ulcers that are present(including prevention of infection to the extent possible) Prevent development of additional pressure ulcers <p>Stage IV in part reads, " Stage IV ulcers can extend into muscle and or supporting structures (i.e., fascia, tendon or joint capsule) making osteomyelitis (an infection of the bone, spread from nearby tissue or through the blood stream) possible. Exposed bone/tendon is visible or directly palpable.</p> <p>Record review of most recent Wound Consult Evaluation form dated 5/12/14 revealed, in part, " stage 4 pressure wound of the right ischium of at least 437 days duration. There is moderate serous exudates associated with the wound. " " less bone exposed. Lightly debrided the necrotic areas in the center of the wound. Slow epithelializing (healing) from the edges of the wound. "</p> <p>Wound size: 8.2 cm long x12.5cm wide x0.1cm deep Dressing: " Silver Absorbing Agent, Dry Protective Dressing, once daily " .</p> <p>During an incontinent care observation on 5/14/14 at 9:29 AM, Aide #1 peeled the feces soiled dressing from the stage IV pressure ulcer on the right ischium. The wound was bright beefy red and bleeding. After finishing incontinent care,</p>	F 314	<p>nurses have been in-serviced on the facility's wound care policy and the importance of responding timely to receipt of information by other caregivers (e.g. CNA's) that a resident's dressing is in need of changing. The facility shall consider a dressing change occurring within 30 minutes from the time of notification by the CNA to be timely. Similarly, all licensed nurses have been in-serviced on the importance of ensuring orders for residents readmitted to the facility are reconciled against any previously transcribed orders. In instances where the new orders do not reconcile against the previous orders, the nurse shall contact the resident's attending physician to clarify the orders. To ensure compliance, the Director of Nursing, and/or her licensed nurse designee shall conduct daily wound care observations weekly for 1 week including off hours and weekends, then weekly for three weeks, then monthly for 1 quarter, then quarterly thereafter. Such observations shall be documented on the Wound Care Observations Worksheet. Staff shall be competency tested, by verbally verifying their knowledge of what to do when a dressing is found to have been removed and/or soiled and in need of being changed. Such competency testing shall be noted on the Wound Care Observations Worksheet. Similarly, the Director of Nursing and/or her licensed nurse designee shall audit 100% of readmission orders weekly for 2 weeks, 50% of readmission orders for 2 weeks, and then 25% of all readmission orders</p>		

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F 314	<p>Continued From page 2</p> <p>Aide #1 laid Resident #3 ' s uncovered wound on the clean bed pad. Blood was observed oozing onto the pad.</p> <p>During interview on 5/14/14 at 9:38 AM, Aide #1 indicated she kept the wound dressing off because she was taking Resident #3to the shower today. She would notify the wound care nurse after the shower. Aide#1 indicated this was how it was done in the facility. If it wasn ' t his shower day she would notify the wound nurse after incontinent care.</p> <p>During an interview on 5/14/14 at 9:54 AM, Resident #3, indicated his pressure wound was not redressed.</p> <p>During an interview on 5/14/14 at 10:00 AM, Nurse #2 indicated Aide #1 had not told her Resident #3 dressing was removed she indicated she would reapply it. The pressure ulcer dressing was to be changed as often as needed and the wound needed to stay covered</p> <p>During an interview on 5/14/14 at 11:13 AM, Resident #3 indicated wound care nurse had just reapplied his wound dressing.</p> <p>During an interview on 5/14/14 at 11:15 AM, the wound care nurse indicated when an aide found a dressing was removed the nurse was to be notified and the dressing replaced immediately. Aides were not to remove wound dressings. She indicated wounds must always remain covered. She continued by saying nurse #2 had just asked her to reapply the dressing for resident #3.</p> <p>During an interview on 5/15/14 at 10:01 AM, Aide #2 indicated she was not permitted to remove any wound dressings. She was required to inform the</p>	F 314	<p>monthly for three months to ensure any new orders are reconciled against the previous set of orders and any discrepancies have been clarified by the nurse. Documentation of such audits shall be made on the Resident Readmission Medication Reconciliation Audit.</p> <p>The Director of Nursing shall report wound care observations, validation of staff competencies, and reconciliation of readmission orders to the Quality Assurance Committee monthly for 3 months and quarterly thereafter.</p>		

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F 314	<p>Continued From page 3</p> <p>nurse immediately when the dressing was soiled and have it reapplied by the nurse.</p> <p>During an interview on 5/15/14 at 2:37 PM, Nurse Practitioner indicated wounds were to remain covered, with the expectation of no more than 15 minutes of exposure.</p> <p>During an interview on 5/15/14 at 3:20 PM, Nurse #3 indicated Aides were to notify the nurse immediately when a wound dressing came off. Aides were not to remove any wound dressings. Nurse #3 indicated wounds were to remain covered.</p> <p>During an interview on 5/16/14 at 9:20 AM, Wound Care Physician indicated a debrided pressure ulcer wound must be kept covered with a dressing at all times to prevent infection and aide in healing.</p> <p>During an interview on 5/16/14 at 2:28 PM, Director of Nursing indicated an aide was not to remove any wound dressing ,when a wound dressing was soiled the nurse was notified. Once notified the nurse was to redress the wound.</p> <p>2. Resident #141 was readmitted to the facility on 3/14/14, diagnoses were listed as anemia, hypertension, diabetes mellitus II, Peripheral Arterial Disease (PAD), and Cerebral Vascular Accident (CVA). The most recent Minimum Data Set dated 3/28/14, revealed Resident #141 had impaired long and short term memory problems and was impaired on one side of his lower extremities. He required assistance with bathing and hygiene and total assistance with toileting. He had a stage 3</p>	F 314			

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F 314	<p>Continued From page 4 pressure ulcer to the right heel.</p> <p>Review of the physician ' s orders dated 3/1/14 revealed " Certagen Senior Tablet (MVI) (a multivitamin with minerals) Take 1 tablet by mouth daily " .</p> <p>Review of the physician order dated 3/11/14, indicated to discharge to hospital.</p> <p>Review of the facility medication administration record (MAR) revealed the MVI was administered March 1-11.</p> <p>Review of the hospital discharge medication summary instructions dated 3/14/14, revealed the multivitamin with minerals was not listed to be discontinued or continued.</p> <p>Review of the 3/14/14, facility physician orders revealed the MVI was not transcribed to the physician orders sheet, nor had it been discontinued.</p> <p>Review of the April 2014 physician orders and the facility medication administration record (MAR) revealed the MVI was not listed.</p> <p>Record review of the routine Nurse Practioner Note dated 4/25/14, revealed in part, " Will continue current medications for now. Cerovite Senior Therapeutic Multiple Vitamins with Minerals oral tablet 1 tab qd " (every day).</p> <p>Record review dated 5/1/14, physician orders revealed the multivitamin with mineral was not ordered.</p> <p>Record review of Wound Care Specialist Evaluation dated 5/12/14, revealed in part, HPI (health and physical information) Statement:</p>	F 314			

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F 314	<p>Continued From page 5</p> <p>Resident #141 " had an unstageable (due to necrosis) of the right heel of at least 98 days duration. There is light serous exudate associated with the wound " .</p> <p>Supplements: MVI (multivitamin) , protein.</p> <p>During an interview on 5/15/14 at 2:20 PM, Nurse Practioner indicated she expected the hospital discharged medications on the discharge summary to be reconciled with the previous medications prescribed at the facility. Any discrepancies were reported by the nurse to the doctor and the medication discontinued or continued. When asked to review the medical record for Resident #141, she indicated Resident#141 was on a MVI (multivitamin with minerals).She determine he was not on a MVI since 3/11/14, she indicated it was significant Resident #141 remained on a MVI, for wound healing. She said, "It was missed".</p> <p>During an interview on 5/15/14 at 3:16 PM, Nurse #3 indicated any time a resident returned from the hospital. The discharge medications were compared to the previous medication orders and the facility physician was notified of discrepancies and provided the clarification of orders.</p> <p>During telephone interview on 5/16/14 at 9:56 AM, wound care physician indicated Resident #141 had a multivitamin with minerals prescribed for wound healing.</p> <p>During an interview on 5/16/14 at 2:28 PM, director of nursing indicated her expectation was the discharge orders to be clarified with the physician order, when readmitted from the hospital.</p>	F 314			

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F 371 F 371 SS=E	Continued From page 6 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on record review, observation, and staff interview the facility failed to maintain sanitary conditions, by not calibrating the thermometer to ensure the food was cooked to the proper temperature or cleaning the thermometer probe between uses; which was used to check the food temperatures on the hot holding tray line before the food was plated for service on 2 of 2 observations. Findings included: Policy: When to sanitize Thermometers 1) Before taking any food temperatures. 2) When you go from checking a raw animal product to a cooked food product. 3) When you are taking the temperatures of different species of raw meats. 4) When you are taking the temperature of different foods in a walk in cooler or items on the hot holding line. 5) Whenever the thermometer probe has been used, set down on an unsanitized surface or otherwise contaminated.	F 371 F 371	F371 STANDARD DISCLAIMER: The Plan of Correction for this alleged deficient practice is provided as a necessary requirement of continued participation in the Medicare and Medicaid program(s) and does not, in any manner, constitute an admission to the validity of the alleged deficient practice(s). No residents were specifically identified as having been affected by this alleged deficient practice. For those residents having the potential to be affected by the same alleged deficient practice, all Dining Services <input type="checkbox"/> Cooks have received in-service education related to procedures for proper thermometer calibration and for proper cleaning and disinfecting the thermometer probe after each use. To ensure compliance, the Dining Services <input type="checkbox"/> Manager and/or the	6/9/14	

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F 371	<p>Continued From page 7</p> <p>An observation on 5/14/2014 at 10:35 AM of the food preparation hot holding tray line revealed the dietary member checked the temperature of the food on the tray line with a mechanical instant read thermometer. She did not calibrate the thermometer prior to starting the process but did when stopped by the surveyor. The dietary member did clean the thermometer probe between foods at the start of the observation but did not continue to clean the thermometer when she transferred from hot food to cold food temperature checks or clean between cold food checks.</p> <p>A second observation on 5/15/2014 at 10:50 AM revealed the dietary member calibrated the mechanical instant read thermometer at the start of the process but did not clean the probe between checking the temperatures of hot foods on the tray line until stopped by surveyor. Her response was " Oh I forgot. " The dietary member revealed the procedure was to first calibrate the thermometer, start checking the temperatures of the meats, clean the thermometer, start on the vegetables, then pureed, clean the thermometer, then milk and fruit cocktail. When asked when she was supposed to clean the thermometer her response was every time, between all dishes.</p> <p>An interview on 5/15/2014 at 11:00 AM with the Dietary Manager revealed the dietary member was supposed to calibrate the thermometer at the start of the process and clean the thermometer between every dish. The Dietary Manager added the dietary member knew the process.</p>	F 371	<p>Assistant Dining Services Manager shall observe the staff's use of the thermometer, including the applicable staff's knowledge and ability(ies) related to proper thermometer calibration and disinfection daily for 1 week, weekly for three weeks and monthly thereafter to ensure the dining staff are following the proper thermometer calibration disinfection procedures. The Dining Services Manager shall document such findings on the Dining Services Thermometer Usage Audit.</p> <p>The Dining Services Manager shall present the findings and subsequent plan of correction for this alleged deficient practice to the facility's Quality Assurance Committee. Furthermore, the Dining Services Manager shall report to the Committee any identified discrepancies revealed from the compliance checklists no less than monthly for three months and quarterly thereafter</p>		