

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/05/2014
NAME OF PROVIDER OR SUPPLIER GREENDALE FOREST NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1304 SE SECOND STREET SNOW HILL, NC 28580		
(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 318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to provide restorative services for 1 of 4 residents (resident #22) with range of motion issues who was discharged from therapy with a referral to restorative.</p> <p>Findings included:</p> <p>Resident #22 was admitted to the facility on 05/20/14 with a cumulative diagnosis including but not limited to pneumonia, metabolic encephalopathy, anemia, hypertension (HTN), epilepsy and recurrent seizures, diabetes (DM), dementia, depression, anxiety, and paralysis agitans.</p> <p>Review of resident ' s medical record revealed an MDS dated 08/14/14 which had resident coded as needing extensive assistance with bed mobility and transfer, and total dependence with locomotion, dressing, eating, toileting, bathing and personal hygiene. Resident ' s Brief Interview for Mental Status (BIMS) score was 4, which represented moderate impairment.</p> <p>Occupational therapy start date listed 05/22/14,</p>	F 318	<p>Greendale Forest Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that this summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality of care for the residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Greendale Forest Nursing and Rehabilitation Center's response to the Statement of Deficiencies and the Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Greendale Forest Nursing and Rehabilitation Center reserves the right to submit document.</p> <p>F318</p> <p>1. Resident #22 was evaluated by physical</p>	9/19/14	

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

TITLE

(X6) DATE

Electronically Signed

09/15/2014

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 318	<p>Continued From page 1 and stop date was 07/07/14. Physical therapy start date was noted as 05/21/14 and stop date was listed as 08/12/14.</p> <p>Rehab communication to nursing note dated 08/8/14 revealed to begin restorative on 08/13/14 and to discontinue therapy as of 08/12/14. Restorative treatment approaches were to include ambulation, exercises to include lower extremity, and hamstring stretches with 30 second hold 2 reps each. Short term goals were to assist with maintaining mobility and prevent further de-conditioning.</p> <p>Ms. Edwards ' s physical therapy progress and discharge summary dated 08/12/14 revealed patient had demonstrated improvements with decreased assist required for all gait/transfers. Patient continued to require increased assist with all mobility secondary to decreased BLE strength/stamina and decreased standing balance resulting in increased fall risk with all mobility. Patient to remain in LTC facility with participation in restorative care services to assist with maintaining mobility and prevent further de-conditioning needed for increased quality in life.</p> <p>Ms. Edwards ' s physician order dated 08/13/14 revealed to discontinue Physical Therapy services as of 08/12/14</p> <p>Ms. Edwards nursing care plan dated 09/3/14 covered: requires assistance/potential to restore or maintain maximum function of self-sufficiency for bathing related to cognitive impairment, physical limitations. Interventions included: encourage resident to participate in self care as ability permits, and ensure hair is washed and</p>	F 318	<p>therapy on 9-5-14 and a restorative plan of care was initiated on 9-5-14 by the restorative nurse.</p> <p>2. A 100% audit of rehabilitation referrals to nursing was completed by 9-12-14 by the restorative nurse to ensure that all other residents referred to restorative services have been evaluated and a plan of care initiated if applicable. No concerns were noted.</p> <p>3. To ensure that restorative services are evaluated and a plan of care initiated if applicable on an ongoing basis, the DON or administrative nurse will review all rehabilitation to nursing referrals daily Monday through Friday for the previous day to make sure the referrals were received by restorative nursing and a plan of care initiated as appropriate.</p> <p>4. To ensure that the Plan of Correction is sustained on an ongoing basis, a restorative nursing tracking tool will be utilized by the DON or administrative nurse daily to ensure that the solutions used in the Plan of Correction are sustained and that corrective action is taken if needed. The results of the tracking tool will be reviewed monthly by the facility QI Executive Committee x 3 months and then quarterly x 3 for the identification of potential trends, follow up action as deemed necessary and to determine the need and/or frequency for continued monitoring.</p>		

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F 318	<p>Continued From page 2 nails are manicured on bathing day.</p> <p>Staff interview with the Physical Therapy Program Director on 09/5/14 at 11:00 AM who said Ms. Edwards was set up to receive simple stretching restorative on 08/8/13 to start on 08/13/14.</p> <p>Staff interview with nurse #1 on 09/5/14 at 11:15 AM stated Ms. Edward ' s was not signed up for restorative. She said she would expect Ms. Edwards to have been receiving restorative nursing, and should have been on the restorative program, and said she would sign up Ms. Edwards today. During the interview, she looked and noted that Ms. Edwards was not added to the restorative list, and then proceeded to add Ms. Edward ' s to the restorative list during the interview. Nurse #1 said there were only 2 restorative aides in the facility, and that the facility needed more than two restorative aides, due to the large resident case load.</p> <p>Restorative nursing evaluation and treatment plan dated 09/5/14 at 11:22 AM revealed Ms. Edward ' s was at risk for decreased ROM, with goal for Ms. Edward ' s to not have any increased ROM in upper/lower extremities, and for specific restorative interventions to include PROM to BUE 3x 10 reps 5-7x/wk.</p> <p>Staff interview with the director of nursing (DON) on 09/5/14 at 11:26 AM revealed that it was her expectation that restorative should have been started for Ms. Edwards within 7 days of restorative being ordered and her being placed on the restorative list. The DON also said, that nurse #1 was new and that the facility would be starting up a range of motion (ROM) group in the mornings to help with the large restorative case</p>	F 318			

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

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F 318	Continued From page 3 load. Staff interview with nurse #2 on 09/5/14 at 11:35 AM who stated Ms. Edwards had not been receiving passive ROM or restorative nursing. Ms. Edwards ' s physician order dated 09/5/14 revealed PT to evaluate and treat as indicated.	F 318		