

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345269	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/5/2014
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 1505 BRINGLE FERRY ROAD SALISBURY, NC
---	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

F 278	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to assess a pressure ulcer correctly for one of three sampled residents with pressure ulcers. Resident # 82</p> <p>Findings include:</p> <p>Resident # 82 was admitted to the facility on 10/4/13 with diagnosis of hypertension and stroke.</p> <p>The Minimum Data Set (MDS), a quarterly dated 10/23/14 indicated Resident #82 had a pressure ulcer that was unstageable, with slough (dead tissue) and measured 0.6 centimeters by 0.7 centimeters.</p> <p>A nursing progress note dated 10/14/14 indicated Resident #82 had a pressure ulcer that measured 0.6 centimeters by 0.7 centimeters with 100% granulation (healing) and no drainage was noted.</p> <p>The wound physician progress note dated 10/7/14 indicated Resident #82 had a healing stage 3 pressure ulcer with 100% granulation.</p> <p>Interview on 11/05/2014 at 9:27 with the MDS nurse revealed she used information from wound notes by the physician, wound notes in progress notes by the treatment nurse and the TAR (treatment record). Further interview revealed the MDS nurse did not look at the wounds before completing the MDS assessment. The</p>
--------------	--

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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345269	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/5/2014
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 1505 BRINGLE FERRY ROAD SALISBURY, NC		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 278	<p>Continued From Page 1</p> <p>quarterly MDS was reviewed with the MDS nurse which recorded the pressure ulcer as "unstageable." The MDS nurse explained she had another note written by the wound physician. That documentation was not found for review by the MDS nurse. Interview with the MDS nurse revealed the measurements were correct, but she might have entered the stage incorrect.</p>		
F 280	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to update a care plan when an indwelling catheter was removed for one of one sampled residents with an indwelling catheter. Resident #82.</p> <p>Findings include:</p> <p>Resident #82 was admitted to the facility on 10/3/13 with diagnoses including hypertension and stroke.</p> <p>Record review revealed an order dated 10/2/14 to remove the indwelling catheter.</p> <p>The Minimum Data Set (MDS) a quarterly dated 10/23/14 indicated resident #82 did not have an indwelling catheter and was always incontinent of urine.</p> <p>The current care plan updated 10/28/14 included a problem of "urinary device needs." The stated goal indicated Resident #82 would have no catheter related issues through next review. The interventions included the catheter would be changed every month, staff would assist with personal hygiene and change catheter and tubing as ordered, empty urine collection bag every shift, keep urine collection bag below level of bladder, offer adequate fluid intake and provide catheter care as ordered.</p> <p>Interview on 11/05/2014 at 9:43 AM with the MDS nurse revealed she had not updated the care plan for the</p>		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345269	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/5/2014
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 1505 BRINGLE FERRY ROAD SALISBURY, NC
---	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

F 280	<p>Continued From Page 2</p> <p>Foley catheter being discontinued until this AM (11/5/14). She explained she did review the orders, and did this resident's care plan every month. She stated she did not know what happened, she must have missed it after completing the MDS. The MDS was correct, with with the Foley catheter not coded as being used.</p>
--------------	--