| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345249 | A. BUILDING _____ B. WING _____ | C 04/16/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MOREHEAD NURSING CENTER** | **205 EAST KINGS HIGHWAY EDEN, NC 27288** |

| (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 |
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| F 323 SS=D | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interviews, record review and observation, the facility failed to ensure that the anti-rollback device on the resident ' s wheelchair was in working order to prevent falls for one of four residents sampled. (Resident #3.)<br><br>Findings Included:<br><br>Resident # 3 was admitted to facility on 5/12/2009. The cumulative diagnoses included congestive heart failure, dementia without behavior disorders, anxiety, depression, chronic kidney disease, gout, pain, syncope and abnormal gait. The quarterly Minimum Data Sheet (MDS) dated 1/23/15 indicated Resident # 3 cognition was moderately impaired with decision making. Resident required assistance with activities of daily living, mobility and transfers.<br><br>Review of the updated care plan as of 2/10/15, identified the problems as a need for restorative nursing for ambulation. The goal included active range of motion for 6 weeks. The approach included one person assistance, wearing non-skid footwear, instruct resident on proper use | F 323 | 1. Resident #3's wheelchair device (anti-rollback) was fixed on 4/16/15 and remains in working condition. Rehab Tech and/or designee will check all resident's wheelchairs to ensure modifications devices (anti-rollback, anti-tipper, brakes)are in working condition. This will take places by the date of 5/14/2015.<br><br>2. A monthly audit of all residents with modification devices (anti-rollback, anti-tipper, brakes) on their wheelchairs will be completed by Rehab Tech and/or designee. Any repairs will be completed by Rehab Tech and/or designee. Administrator and/or designee will oversee this monthly process to ensure compliance. This process will take place for 12 months.<br><br>3. All nursing staff (LPN, RN, CNA) will be educated on the proper use of modification devices (anti-rollback, anti-tipper, brakes) and how to identify if the device is not operating as designed. | 5/14/15 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/07/2015

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| F 323 | Continued From page 1<br>of assistive device when ambulating, monitor for adverse effects of psychotropic drug use, call light within reach and encourage use.<br><br>Review of nurse ' s notes written on 3/12/15 revealed in part " Resident had a fall, was trying to transfer from recliner to wheelchair for lunch. Sustained skin tear, MD and RP notified " .<br><br>Review of an incident report dated 3/12/15 at 12:40pm revealed that Resident #3 had an unwitnessed fall. Resident was found on floor beside recliner and in front of wheelchair.<br><br>Observation of Resident #3 on 4/15/15 at 11:30am sitting in her recliner, call light within reach, noted to be sleeping upon entering, easily aroused, wheelchair within reach in locked position in front of Resident #3 ' s recliner.<br><br>Observation of Resident #3 on 4/15/15 at 12:52pm, Restorative Aid assisted Resident #3 from her recliner to her wheelchair and placed her in front of the bed side table to prepare her for lunch.<br><br>Observation of Resident #3 on 4/15/15 at 5:15pm sitting in wheelchair in dining room waiting for dinner.<br><br>Interview with MDS Coordinator #1 at 9:30am on 4/16/15 revealed that Resident #3 had a fall on 3/12/15. The intervention that was put in place was for an anti-rollback device to be installed on Resident ' s #3 wheelchair.<br><br>Observation with Nurse #1 and NA #1 at 10:00am on 4/16/15 revealed resident sitting in her recliner in her room with her wheelchair in front of | F 323 | This education will be completed by the Occupational Therapist and/or designee by 5/14/15. The education will be provided to new hires and annually to all nursing staff.<br><br>4. The Administrator and/or designee will review the monthly audits of anti-rollback devices. All findings will be be presented/review in the facility's Quality Assurance Meetings. This process will take place for 12 months. | |

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| F 323 | Continued From page 2 | F 323 | | |

recliner. Wheelchair was in locked position. NA#1 unlocked the wheelchair and attempted to roll it backwards. The wheelchair rolled back easily with no resistance. The anti-roll back device was not working. Neither one of the staff members was able to identify the anti-roll back device, however they both reported that a device should be on there and it would prevent the chair from rolling back if the chair was unlocked. Nurse #1 got the Occupational Therapist (OT) to look at the chair.

Interview with OT at 10:20am on 4/16/15 revealed that the anti-rollback device on the wheelchair was broken. The OT identified problem immediately and took the wheelchair to repair it. The OT revealed that her expectation is that each staff member know what the anti -rollback device is and if it is broken to let her know as soon as possible to fix it.

Interview with Nurse #1 at 10:23am on 4/16/15 revealed when the resident had a fall the process is to get supervisor. Supervisor does assessment and everyone does a " huddle " to talk about the incident and then decide what intervention should be in place to prevent falls. The intervention that was discussed was to have therapy put an anti-roll back device on Resident #3 ' s wheelchair. Nurse #1 further revealed that she filled out a " Nursing Communication for therapy screening " form to request this be put on resident ' s wheelchair on 3/12/15.

Record Review of " Nursing communication for therapy screening " form dated 3/12/15 states resident fell due to forgot to lock brakes on wheelchair. Can we have wheelchair that will not allow to roll backwards.

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| F 323 | Continued From page 3<br><br>Record Review of Occupational Daily Treatment notes dated 3/26/15 revealed " per nursing request, installed anti-roll back device on wheelchair to decrease risk of fall if transferring without assistance.<br><br>4/16/15 at 11:00am Interview with Director of Nursing (DON), revealed that her expectation is that her staff members should know what this device is and identify if there are any problems with the device. She further added that this device was put in place to prevent resident from having any more falls and should be in working order. | F 323 | | |