

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

PRINTED: 04/12/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345236</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/17/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>820 WELLINGTON AVENUE</b> <b>WILMINGTON, NC 28401</b>		
(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 staff interviews and record review, the facility failed to notify the primary physician and responsible party of the development of pressure</p>	F 157	<p>Plan of Correction F-157</p> <p>This Plan of Correction will achieve</p>	4/1/16	

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

TITLE

(X6) DATE

Electronically Signed

04/01/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345236</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/17/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>820 WELLINGTON AVENUE</b> <b>WILMINGTON, NC 28401</b>		
(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	<p>Continued From page 1</p> <p>ulcers for 1 of 4 residents reviewed for notification of change in condition (Resident #1).</p> <p>Findings included:</p> <p>Record review revealed Resident #1 was initially admitted to the facility on 11/2/2009, with a readmission on 2/9/2016. The resident's current diagnoses included chronic kidney disease-stage 4 (severe), severe protein calorie malnutrition and cerebrovascular disease.</p> <p>The readmission skin assessment dated 2/9/2016 indicated a Stage II pressure ulcer to right buttocks.</p> <p>A head to toe skin assessment dated 2/10/2016 reported resident with 2 small open areas to right buttocks and deep tissue injury to both heels.</p> <p>Review of the resident ' s care plan dated 2/10/2016 included a focus on pressure ulcer development with interventions which included to inform family/caregivers of any new areas of skin breakdown.</p> <p>The resident ' s most recent comprehensive Minimum Data Set dated 2/26/2016 indicated the resident had one Stage II pressure ulcer and two unstageable pressure ulcers due to suspected deep tissue injury (DTI).</p> <p>In an interview with the treatment nurse on 3/16/2016 at 10:00 AM, the treatment nurse revealed she did not report the skin breakdown to the family or the physician. The treatment nurse stated she " assumed " the family was aware of the skin breakdown due to the resident ' s recent hospitalization from 1/22/2016 until 2/9/2016. The</p>	F 157	<p>substantial compliance to F-157 by 4-1-2016.</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Resident #1 discharged to the hospital on 3-1-2016 and did not readmit to this building, so there was no corrective action to be taken to notify the family and physician of her change of condition.</p> <p>Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice</p> <p>The Director of Nursing reviewed the 24-hour reports and physician orders for the last 30 days to ensure that physicians and families were properly notified of any residents that had triggering events. Triggering events are described in the regulations and include accidents, significant changes, significant treatment changes, and discharges.</p> <p>Nursing managers will perform three chart audits of sampled residents that have had triggering events, weekly for four weeks, and then monthly for two months to ensure that physicians and families were notified.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345236</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/17/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILMINGTON HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>820 WELLINGTON AVENUE</b> <b>WILMINGTON, NC 28401</b>		
(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	<p>Continued From page 2</p> <p>treatment nurse reported she did not actually speak to the resident ' s physician to notify him of the skin breakdown, but the physician had access to the medical record and she " figured " he saw it.</p> <p>An interview was conducted with the resident ' s nurse on 3/16/2016 at 3:45 PM. The nurse reported the resident was readmitted to the facility on 2/9/2016 with a Stage II pressure ulcer on the right buttock. The nurse reported she completed a head to toe skin assessment of the resident on 2/10/2016. There was a small Stage II pressure area to the resident ' s right buttock and when the off-loading heel boots were removed DTIs to both heels were present. The nurse indicated she documented the findings in the clinical assessment, initiated treatment to the buttocks and reapplied the heel boots. The nurse reported since the skin issues were present on readmission she thought the physician assessed the resident at the hospital. The nurse was not able to recall if she notified the resident ' s family of the skin issues.</p> <p>A telephone interview with the resident ' s physician was conducted on 3/16/2016 at 4:15 PM. In the interview, the physician stated he was aware and involved in the resident ' s complex clinical condition and treatment at the facility, but was not notified of the wounds.</p> <p>During an interview with the facility Director of Nursing on 3/16/2016 a 4:30 PM, the DON stated the expectation was for the family and the physician to be notified of any new skin areas or any change in condition.</p>	F 157	<p>occur</p> <p>On 3-31-2016, the facility nursing staff was re-educated by the Director of Nursing to notify physicians and families when a triggering event occurs, as described above. Any licensed nursing staff that did not receive re-education will receive it prior to working the next scheduled shift.</p> <p>The Director of Nursing or designee will review physician orders and 24 hour reports from previous day times thirty days to ensure that physicians and families were notified of triggering events.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The Plan of Correction is integrated into the quality assure system of the facility.</p> <p>The Director of Nursing will report findings to the Quality Assurance Committee during its monthly meeting.</p> <p>If the Quality Assurance Committee determines there are continued problems after three months regarding notification of physicians and families on triggering events, it will continue to receive Director of Nursing reports and to review them monthly until the problem is resolved.</p>		