

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

PRINTED: 05/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/19/2016
NAME OF PROVIDER OR SUPPLIER CROASDAILE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM DURHAM, NC 27705		
(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 observations, staff interviews and record review, the facility failed to update the face sheet reflecting the residents change in legal</p>	F 157	<p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of</p>	5/13/16	

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

TITLE

(X6) DATE

Electronically Signed

04/28/2016

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.

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F 157	<p>Continued From page 1</p> <p>responsible party information (Resident #1) and failed to notify the residents legal responsible party (RP) of the development of a pressure ulcer (Resident #1) for 1 of 3 residents reviewed for notification of significant changes in condition. Findings included: Resident #1 was admitted on 7/16/15 with cumulative diagnoses of cerebral vascular accident and dysphagia. The most recent quarterly Minimum Data Set dated 3/30/16 indicated Resident #1 had severe cognitive impairment and no pressure areas to the skin. Resident #1 was care planned for dementia and memory deficits. In an observation and interview on 4/19/16 at 10:15 AM, Resident #1 was sitting in the day room watching television. On interview, Resident #1 was cooperative but pleasantly confused. A review of Resident #1 medical record indicated the resident was her own RP party on admission (7/16/15) but a copy of the power of attorney (POA) dated 8/10/15 listed Resident #1 had designed someone else as her RP. In an interview on 4/19/16 at 11:00 AM, the social worker stated she was not aware of the existence of the power of attorney and was not aware it was in her medical record. She stated the face sheet should have been updated to reflect the accurate information. In an observation on 4/19/16 at 12:00 PM, nursing assistant (NA) stated Resident #1 had a history of a pressure ulcer to her coccyx but it was healed and only thing remaining was a fungal rash. NA #1 stated Resident #1 was prone to scratch the rash and had been known to break the skin. NA #1 stated they keep Resident 's nails trimmed short to prevent injury. There was no evidence of any pressure areas observed. In an interview on 4/19/16 at 1:45 PM, Nurse #1</p>	F 157	<p>correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.</p> <p>F 157</p> <p>Corrective action will be accomplished for the resident found to have been affected by the deficient practice:</p> <p>Res # 1 face sheet was updated to reflect the current legal responsible party information.</p> <p>Res #1 pressure ulcer to coccyx has healed.</p> <p>Res #1 POA was contacted by the social worker on April 19, 2016 to schedule care plan meeting. POA declined stating that her concerns were addressed after speaking with the nurse on 4/12/16 and she did not see the need for an additional care plan meeting.</p> <p>Res# 1 POA was contacted April 22, 2016 by ADON and current resident status reviewed. POA agreed with current plan of care and had no other questions or concerns.</p> <p>Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice:</p>		

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F 157	<p>Continued From page 2</p> <p>stated Resident #1 developed the fungal rash on 2/20/16 and had been receiving treatment using creams and ointments to the rash. Nurse #1 stated the rash was discussed with the RP during a care plan conference on 2/25/16. Nurse #1 stated the RP called on 4/15/16 and questioned why she was not notified of a pressure ulcer to Resident #1 ' s coccyx. Nurse #1 stated Resident #1 did not have a pressure ulcer but she did have one in March but it healed. Nurse #1 stated when an area is found, the treatment nurse is notified and she initiates the treatment and notifies the RP.</p> <p>A review of the care plan conference meeting notes dated 2/25/16 indicated the RP was aware of the vaginal and rash to Resident #1 ' s buttocks.</p> <p>In an interview on 4/19/16 at 2:04 PM, the treatment nurse stated she was not currently involved in Resident #1 ' s care since her pressure ulcer healed on 3/11/16 and Resident #1 only had a fungal rash at present. She recalled she was made aware of a pressure ulcer on 2/26/16 during the wound rounds and asked the wound physician to go and assess Resident #1. She stated she received treatment orders that day but neglected to notify the RP because she thought Resident #1 was her own RP. The treatment nurse stated she was not aware of the POA and would have assumed the face sheet would have been updated to reflect the accurate information.</p> <p>In an interview on 4/19/16 at 4:50 PM, the administrator stated it was her expectation the face sheets be kept current and accurate and the director of nursing stated her expectation the RP be notified any time there was a significant change such as the development of a pressure ulcer or a change in a treatment.</p>	F 157	<p>All residents have the potential to be affected.</p> <p>All resident records were reviewed with resident, responsible party and/or POA for accuracy of face sheet as it relates to notification of change in condition. Face sheets were updated to reflect the current legal responsible party information at the time of the review.</p> <p>Contact was made by the RN treatment nurse to the resident, responsible party and/or POA for all residents with wounds to update on wound status April 22, 2016 and April 25, 2016.</p> <p>Measures put into place or systemic changes made to ensure that the deficient practice will not occur:</p> <p>Upon admission legal responsible party contact information will be reviewed by Admissions Coordinator. This will include clarification for any POA paperwork.</p> <p>Emergency contact information will be reviewed quarterly and PRN by Social Worker. Any needed updates to reflect current legal responsible party information will be completed at the time of review.</p> <p>On April 28, 2016 education began for all licensed nurses as it relates to notification of IDT team for receipt of any POA documentation from resident and/or visitor.</p>		

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F 157	Continued From page 3	F 157	<p>On April 28, 2016 IDT team was educated on review of legal responsible party contact information and procedure to update resident face sheet.</p> <p>On April 28, 2016 education began for all licensed nurses as it relates to notification of change to physician, resident, legal responsible party and/or POA.</p> <p>The Director of Nursing, Assistant Director of Nursing and/or Nursing Supervisor will review 24 hour report sheet daily to ensure that physician and resident, legal responsible party and/or POA were notified of resident change of condition.</p> <p>The Director of Nursing, Assistant Director of Nursing, Nursing Supervisor, treatment nurse and/or licensed nurse assigned to resident will notify resident, legal responsible party and/or POA upon development of wound then biweekly thereafter until wound resolved.</p> <p>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:</p> <p>The Director of Social Services will report the results of legal responsible party contact information review to the Quality Assurance and Performance Improvement Committee monthly x 12 months or until a pattern of compliance is achieved.</p>		

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F 157	Continued From page 4	F 157			
F 520 SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p>	F 520	<p>The Director of Nursing will report to the results of 24 hour report review with notification review and review of wound status notification to the Quality Assurance and Performance Improvement Committee monthly x 12 months or until a pattern of compliance is achieved.</p> <p>Date of Completion: May 13, 2016</p>	5/13/16	

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F 520	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility Quality Assessment and Assurance Committee failed to maintain implement, monitor and revise as need the action plan developed to correct a deficiency at notification of significant changes (F157) cited during a compliant survey of 12/10/15. As a result, a deficiency in the area of notification was again cited on the current recertification/complaint survey of 04/19/16. This tags is cross referenced to: F 157: Based on observations, staff interviews and record review, the facility failed to update the face sheet reflecting the residents change in legal responsible party information (Resident #1) and failed to notify the residents legal responsible party (RP) of the development of a pressure ulcer (Resident #1) for 1 of 3 residents reviewed for notification of significant changes in condition. The administrator and the director of nursing acknowledged understanding of reciting of F157 during complaint survey of 04/19/16.	F 520	Corrective action will be accomplished for the resident found to have been affected by the deficient practice: Quality Assurance and Performance Improvement Committee met and reviewed and revised QAPI plans related to tag F157. For tag F157 Res # 1 face sheet was updated to reflect the current legal responsible party information. Res #1 pressure ulcer to coccyx has healed. Res #1 POA was contacted April 19, 2016 by the social worker to schedule care plan meeting. POA declined stating that her concerns were addressed after speaking with the nurse on April 12, 2016 and she did not see the need for an additional care plan meeting. Res# 1 POA was contacted April 22, 2016 by ADON and current resident status reviewed. POA agreed with current plan of care and had no other questions or concerns. Corrective action will be accomplished for those residents having potential to be		

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F 520	Continued From page 6	F 520	<p>affected by the same deficient practice :</p> <p>On April 28, 2016 education was completed for all members of the Quality Assurance and Performance Improvement Committee. Education to include development, modification and monitoring of Quality Assurance Plans.</p> <p>Quality Assurance and Performance Improvement Committee will meet monthly to review all current Quality Assurance plans with modifications done as needed at that time.</p> <p>For tag F157</p> <p>All residents have the potential to be affected.</p> <p>All resident records were reviewed with resident, responsible party and/or POA for accuracy of face sheet as it relates to notification of change in condition. Face sheets were updated to reflect the current legal responsible party information at the time of the review.</p> <p>Contact was made by the RN treatment nurse to the resident, responsible party and/or POA for all residents with wounds to update on wound status April 22, 2016 and April 25, 2016.</p> <p>Measures put into place or systemic changes made to ensure that the deficient practice will not occur:</p> <p>For tag F157</p>		

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F 520	Continued From page 7	F 520	<p>Upon admission legal responsible party contact information will be reviewed by Admissions Coordinator. This will include clarification for any POA paperwork.</p> <p>Emergency contact information will be reviewed quarterly and PRN by Social Worker. Any needed updates to reflect current legal responsible party information will be completed at the time of review.</p> <p>On April 28, 2016 education began for all licensed nurses as it relates to notification of IDT team for receipt of any POA documentation from resident and/or visitor.</p> <p>On April 28, 2016 IDT team was educated on review of legal responsible party contact information and procedure to update resident face sheet.</p> <p>On April 28, 2016 education began for all licensed nurses as it relates to notification of change to physician, resident, legal responsible party and/or POA.</p> <p>The Director of Nursing, Assistant Director of Nursing and/or Nursing Supervisor will review 24 hour report sheet daily to ensure that physician and resident, legal responsible party and/or POA were notified of resident change of condition.</p> <p>The Director of Nursing, Assistant Director of Nursing, Nursing Supervisor, treatment nurse and/or licensed nurse</p>		

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F 520	Continued From page 8	F 520	<p>assigned to resident will notify resident, legal responsible party and/or POA upon development of wound then biweekly thereafter until wound resolved.</p> <p>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:</p> <p>For tag F157</p> <p>The Director of Social Services will report the results of legal responsible party contact information review to the Quality Assurance and Performance Improvement Committee monthly x 12 months or until a pattern of compliance is achieved.</p> <p>The Director of Nursing will report to the results of 24 hour report review with notification review and review of wound status notification to the Quality Assurance and Performance Improvement Committee monthly x 12 months or until a pattern of compliance is achieved.</p> <p>The Quality Assurance and Performance Improvement Committee will review this plan monthly over the next 12 months.</p> <p>The Quality Assurance and Performance Improvement Committee will continue to meet monthly and ensure that all plans are being monitored as proposed for effectiveness.</p>		

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F 520	Continued From page 9	F 520	Date of Completion: May 13, 2016		