

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345026</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>7/1/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROYAL PARK REHAB &amp; HEALTH CTR OF MATTHEWS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2700 ROYAL COMMONS LANE MATTHEWS, NC</b>		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>F 157</b>	<p><b>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</b></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 observation, staff and family interview it was determined that the facility failed to notify the responsible party of an injury of unknown origin for 1 of 3 residents sampled for notification of injury (Resident #1). Findings included: Resident #1 was admitted to the facility on 10/13/15 with diagnosis of hypertension, anemia and Alzheimer's disease. The Minimum Data Set 5/9/16 (MDS) assessment indicated that the resident was not alert and oriented. Review of nurses notes dated 6/16/16 (3:16 PM) revealed that there was a dark circle under the resident's left eye. Her responsible party stated that no one called her about it. It was black this morning when the nursing assistant got her up. Nurse Manager notified. Nurses note 6/17/17 stated, discussed the findings of the investigation of the bruise near the resident's left eye with her responsible party via phone. Interview with a nursing assistant (NA) at 7:05 AM revealed that when she worked with Resident #1 on 6/12/16 (Sunday), the bruise was not on the resident's eye. She stated that after she saw the back eye on Friday she did a skin assessment to check for other bruises. The nursing assistant described the bruise as being in the corner down to the middle of the residents eye. Interview with the Resident's responsible party on 7/1/16 at 9:15 AM revealed that she saw Resident #1 at the facility around 2:30 PM on 6/16/16. She stated she had the residents' laundry and was shocked when she saw her eye. She stated no one called to tell her about Resident #1's injury. Interview on 7/1/16 at 10:45 AM with the Director of Nurses revealed that the nurse on the hall said she thought the bruise (around the resident's eye) was old.</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 #  <b>345026</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>7/1/2016</b>
--	---------------------------------	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ROYAL PARK REHAB &amp; HEALTH CTR OF MATTHEWS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2700 ROYAL COMMONS LANE MATTHEWS, NC</b>
--	--

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

<b>F 157</b>	<p>Continued From Page 1</p> <p>Interview at 11 AM on 7/1/16 with the nurse working the 100 hall on 6/16/16 revealed that the nursing assistant did not tell her about the black eye because she (the NA) thought the bruising was old. The nurse stated that the resident had skin cancer and bruised easily. She further stated that she thought the bruising looked old. The nurse said she had received training on injuries of unknown origin.</p> <p>Interview with a nursing assistant at 11:15 AM on 7/1/16 revealed that she saw the resident's eye when she went into the room around 7:30 AM on 7/16/16. She stated the resident's alarm was going off and the nurse asked her to go and get her (Resident #1) up. The NA said that she was not sure if the bruise had been there when she did morning care. NA reported that she pushed the resident in her wheelchair pass the nurse on the hall and they discussed putting a Band-Aid on the places on her face about 7:45 AM. The NA stated that she also worked with the resident on the previous morning and she did not have marks close to her eyes. Review of the statement written by the same nursing assistant regarding the bruising corroborated the above statement.</p>
<b>F 520</b>	<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> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and staff and family interviews the facilities Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place in May of 2016. This was for one recited deficiency which was originally cited in May of 2016 during the recertification survey. The deficiencies was in the area of notification of change. The continued failure of the facility during a federal survey of record demonstrate the facilities inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referred to:</p>

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345026</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>7/1/2016</b>
--	---------------------------------	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ROYAL PARK REHAB &amp; HEALTH CTR OF MATTHEWS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2700 ROYAL COMMONS LANE MATTHEWS, NC</b>
--	--

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

<b>F 520</b>	<p>Continued From Page 2</p> <p>F 157: Notification of Change: Based on observation, staff and family interview it was determined that the facility failed to notify the responsible party of an injury of unknown origin for 1 of 3 residents sampled for notification of injury (Resident #1).</p> <p>During the previous survey in May 2016, the facility failed to notify the physician and interested family member of the inability to use the right arm and increased need for assistance with ambulation for 1 of 3 residents who experienced a change in condition. On the current survey the facility again failed to notify a responsible party of an acquired bruise.</p>
--------------	---