

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345496	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/06/2017
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NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R ALAMANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 791 BOONE STATION DRIVE BURLINGTON, NC 27215
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F 282 SS=D	<p>483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to follow the plan of care intervention to complete weekly skin assessments for 1 of 3 sampled residents (Resident #1).</p> <p>Findings included:</p> <p>1. Resident # 1 was admitted to the facility 12/30/16 with diagnoses that included Type 2 diabetes mellitus, benign prostatic hyperplasia and Alzheimer's disease. Resident #1 discharged to the hospital 3/18/17.</p> <p>A review of the admission Minimum Data Set (MDS) comprehensive assessment dated 1/6/17 revealed Resident #1 had severe cognitive impairment and did not have a pressure ulcer but was at risk of pressure ulcer development. A review of the quarterly MDS assessment dated 1/12/17 revealed a stage 2 pressure ulcer to the left buttock with granulation tissue not present on admission.</p> <p>A review of the admission care plan dated 1/19/17 revealed a problem of "at risk for pressure ulcer development." A care plan intervention dated 1/19/17 indicated "weekly full</p>	F 282	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F 282</p> <p>A corrective action for the Affected Resident/s has been accomplished by: Resident #1 discharged on 3/18/17.</p> <p>A corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by: All current residents with a careplan for weekly skin assessments have the potential to be affected by the alleged</p>	5/3/17
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/27/2017

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 282	<p>Continued From page 1 body skin assessments."</p> <p>A review of the medical record revealed a weekly skin check was completed 1/6/17 and weekly pressure ulcer reviews were completed 1/12/17, 1/19/17 and 1/23/17. No other skin checks or pressure ulcer reviews were documented after 1/23/17.</p> <p>An interview was completed with the Director of Nursing (DON) on 4/5/17 at 12:43 PM. She stated the nurses completed weekly skin assessments and they were charted in the computer.</p> <p>Nurse #1 was interviewed on 4/5/17 at 12:58 PM and she reported she completed weekly skin assessments on her residents and entered the information into the computer.</p> <p>An interview with Nurse #2 on 4/5/17 at 2:15PM revealed that skin assessments were to be completed weekly. She indicated that skin assessments were not being completed for Resident #1 after 1/23/17.</p> <p>A second interview was completed with the DON on 4/6/17 at 3:34 PM. She stated she thought the skin assessments were completed for Resident #1 but could not locate the assessments in the computer. She further stated she had a retired RN on staff who came to the facility and completed wound treatments and skin assessments.</p> <p>An interview with the Administrator on 4/6/17 at 3:52 PM revealed she had looked at Resident's #1 paper medical record for additional skin assessments but was unable to locate any more</p>	F 282	<p>deficient practice. All current residents were audited by 4/26/17 to ensure weekly skin assessments had been completed. Residents without a weekly skin assessment had a skin assessment completed by 4/26/17. This audit was completed by the Administrator and Director of Nursing.</p> <p>Systemic changes made were: By 4/29/17, the Staff Development Coordinator in-serviced all current nursing staff (RN, and LPN) both full time, part time, agency and PRN. The in-service included the following topics: following the individualized careplan for weekly skin assessments, schedule and assignment of weekly skin assessments, and how to document weekly skin assessments in the Point Click Care Electronic Record.</p> <p>Any in-house staff member who did not receive in-service training by 4/29/17 will not be allowed to work until training has been completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance process to verify that the change has been sustained.</p> <p>The facility plans to monitor its performance by: The Administrator or Director of Nursing will monitor this issue using the Weekly Skin Assessments QA Tool to audit 10 residents to ensure skin assessments are completed weekly</p>		

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F 282	Continued From page 2 assessments. Nurse #5 was interviewed on 4/6/17 at 4:01 PM. She stated her role at the facility was a wound consultant. She reported she looked at wounds when she was onsite at the facility but that the facility nurses were responsible for the weekly skin assessments. She stated "nurses on the hall were responsible and we identified that this was something nurses needed to work on." Nurse #5 further stated, "staff were inconsistent in doing skin assessments." An interview with the Administrator on 4/6/17 at 4:09 PM revealed her expectation was that staff should follow interventions documented on the care plan.	F 282	according to the individualized careplan. This audit will be completed weekly x 4weeks then monthly x 2 months or until resolved by QOL/QA committee. Reports will be presented to the weekly QA committee by the Administrator or DON to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly QA Meeting. The weekly QA Meeting is attended by the DON, MDS Coordinator, Therapy, HIM, Staff Development Coordinator, and the Administrator.		
F 309 SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered	F 309		5/3/17	

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F 309	<p>Continued From page 3</p> <p>care plan, and the residents' choices, including but not limited to the following:</p> <p>(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on staff and family interviews and record review, the facility failed to complete weekly skin assessments for a resident with a history of and at risk for pressure ulcers and failed to assess a new pressure area for 1 of 3 residents (Resident #1) reviewed for provision of care to maintain well-being.</p> <p>Findings included:</p> <p>1. Resident # 1 was admitted to the facility 12/30/16 with diagnoses that included Type 2 diabetes mellitus, benign prostatic hyperplasia and Alzheimer's disease. Resident #1 discharged to the hospital 3/18/17.</p> <p>A review of the admission Minimum Data Set (MDS) comprehensive assessment dated 1/6/17 revealed Resident #1 had severe cognitive impairment and did not have a pressure ulcer but was at risk of pressure ulcer development. A</p>	F 309	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F 309</p> <p>A corrective action for the Affected Resident/s has been accomplished by: Resident #1 discharged on 3/18/17.</p> <p>A corrective action has been</p>		

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F 309	<p>Continued From page 4</p> <p>review of the quarterly MDS assessment dated 1/12/17 revealed a stage 2 pressure ulcer to the left buttock with granulation tissue not present on admission.</p> <p>A review of the facility's Risk Assessment completed 12/30/16 revealed Resident #1 was categorized as a high risk for pressure ulcer development.</p> <p>A review of the admission care plan dated 1/19/17 revealed a problem of "at risk for pressure ulcer development." A care plan intervention dated 1/19/17 indicated "weekly full body skin assessments."</p> <p>A review of the medical record revealed a weekly skin check was completed 1/6/17 and weekly pressure ulcer reviews were completed 1/12/17, 1/19/17 and 1/23/17. No other skin checks or pressure ulcer reviews were documented after 1/23/17.</p> <p>An interview was completed with Resident's #1 family member on 4/5/17 at 10:23 AM. She stated she had visited the resident on 3/5/17 and when she bathed him, observed a wound on his left foot and notified Nurse #2.</p> <p>An interview was completed with the Director of Nursing (DON) on 4/5/17 at 12:43 PM. She stated the nurses completed weekly skin assessments and they were charted in the computer.</p> <p>An interview with Nurse #2 on 4/5/17 at 2:15PM revealed that Resident #1 was admitted with some excoriation on his bottom but did not have any wounds on his feet. She stated when the</p>	F 309	<p>accomplished on all residents with the potential to be affected by the alleged deficient practice by:</p> <p>All current residents with a history of pressure ulcers and/or residents that are high risk for pressure ulcers have the potential to be affected by the alleged deficient practice. All current residents were audited by 4/26/17 to ensure weekly skin assessments had been completed. Residents without a weekly skin assessment had a skin assessment completed by 4/26/17. This audit was completed by the Administrator and Director of Nursing.</p> <p>Systemic changes made were:</p> <p>By 4/29/17, the Staff Development Coordinator in-serviced all current nursing staff (RN, and LPN) both full time, part time, agency and PRN. The in-service included the following topics: how to utilize the weekly skin assessment to assess for new areas of skin breakdown, following the individualized careplan for weekly skin assessments, schedule and assignment of weekly skin assessments, and how to document weekly skin assessments in the Point Click Care Electronic Record.</p> <p>Any in-house staff member who did not receive in-service training by 4/29/17 will not be allowed to work until training has been completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance process to verify that</p>		

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F 309	<p>Continued From page 5</p> <p>family member notified her of the area on his foot she assessed it as a calloused area on the ball of the left foot. She said it was "a tiny spot on the foot, where the footboard hit the foot." She further stated Resident #1 was frequently repositioned after he scooted down in the bed where his foot touched the footboard. Nurse #2 reported skin assessments were to be completed weekly. She indicated that skin assessments were not being completed for Resident #1 after 1/23/17.</p> <p>An interview with Nurse Aide (NA) #2 on 4/6/17 at 9:32AM revealed head to toe skin assessments were completed when residents were bathed. NA #2 reported she had not observed any skin issues with Resident #1. She stated when the resident was in bed he wore soft, protective boots on both of his feet. NA #2 stated the boots always stayed on him and didn't know how he "got a sore on his foot."</p> <p>A second interview was completed with the DON on 4/6/17 at 3:34 PM. She said that on admission a risk assessment was completed and if the assessment scored high and a resident was in bed frequently the facility either placed soft, protective boots or floated a residents' heels. Since Resident #1 scored high on the risk assessment, the DON stated soft, protective boots were placed on both of his feet. She further stated she thought the weekly skin assessments were completed for Resident #1 but was unable to locate the assessments. She reported she had a retired Registered Nurse (RN) on staff who came to the facility and completed wound treatments and skin assessments.</p> <p>An interview with the Administrator on 4/6/17 at</p>	F 309	<p>the change has been sustained.</p> <p>The facility plans to monitor its performance by: The Administrator or Director of Nursing will monitor this issue using the Weekly Skin Assessments QA Monitoring Tool to audit 10 residents to ensure skin assessments are completed weekly according to the individualized careplan. This audit will be completed weekly x 4weeks then monthly x 2 months or until resolved by QOL/QA committee. Reports will be presented to the weekly QA committee by the Administrator or DON to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly QA Meeting. The weekly QA Meeting is attended by the DON, MDS Coordinator, Therapy, HIM, Staff Development Coordinator, and the Administrator.</p>		

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

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F 309	<p>Continued From page 6</p> <p>3:52 PM revealed she had looked at Resident's #1 paper medical record for additional skin assessments but was unable to locate any more assessments.</p> <p>Nurse #5 was interviewed on 4/6/17 at 4:01 PM. She stated her role at the facility was a wound consultant and that she looked at wounds when she was onsite at the facility. She reported the nurse aides assessed a resident's skin when bathed and notified the charge nurse of any changes in skin condition. The facility nurses were responsible for the weekly skin assessments. She stated "nurses on the hall were responsible and we identified that this was something nurses needed to work on." Nurse #5 further stated, "staff were inconsistent in doing skin assessments."</p> <p>An interview with the Administrator on 4/6/17 at 4:09 PM revealed her expectation was that staff complete weekly skin assessments as indicated on the care plan.</p>	F 309			