

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2017
NAME OF PROVIDER OR SUPPLIER NC STATE VETERANS HOME-KINSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 2150 HULL ROAD KINSTON, NC 28504	
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F 281 SS=D	<p>483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>(b)(3) Comprehensive Care Plans</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff and physician interviews, the facility failed to follow physician's orders which resulted in a missed laboratory blood test for a Complete Blood Count for 1 of 5 residents (Resident #80).</p> <p>Findings included: Record review revealed Resident #80 was admitted to the facility on 3/21/2014 with diagnoses which included Pulmonary Embolism (blood clot in the lungs) and Osteoarthritis. The Annual Minimum Data Set (MDS) dated 3/17/2017 revealed Resident #80 was severely cognitively impaired and required total assist with all activities of daily living (ADLs). Record review revealed on 3/13/2017 a laboratory draw for a Complete Blood Count (CBC) was obtained from Resident #80. A physician's order was written on 3/14/2017 in response to the CBC results to repeat a CBC in 2 months due to the discontinuation of an oral iron supplement. Further review of the clinical medical record revealed the last CBC obtained for the resident was 3/13/2017.</p> <p>An interview was conducted on 7/12/2017 at 4:17 PM with the Nurse Unit Manager (UM). The UM explained when laboratory orders were written by</p>	F 281	<p>This plan of Correction constitutes the facilities written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that deficiencies exist or that one was cited correctly. This plan of correction is submitted to meet requirements established by federal and state law.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>A. Resident #80 did not suffer any untoward effect as a result of the issue identified by the survey team. Unit Manager immediately re-drew lab and ordered for testing on 7/12/2017. Unit Manager reviewed results with MD and no new orders were given at the time on 7/13/2017.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	8/10/17

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

TITLE

(X6) DATE

Electronically Signed

07/29/2017

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 281	<p>Continued From page 1</p> <p>the physician, the orders were transferred to a book designated for laboratory draws by the receiving nurse. The book was kept at the nurses station and the UM was responsible for reviewing the book daily to ensure the orders were correct and to follow up if needed. The UM stated unless the labs were ordered to be drawn immediately, the 11:00 PM to 7:00 AM nurse was responsible for obtaining all specimens. When the laboratory specimens were obtained, the nurse who drew the labs was responsible for completing the Laboratory Draw Form and sending it to the laboratory. Once the lab was drawn and sent, the nurse who obtained the lab and sent the specimen to the laboratory was responsible for documenting in the lab book. When the results were sent to the facility, the receiving nurse made sure the physician was aware of the results, highlighted the information in the lab book and filed the lab results in the medical record. When the UM reviewed the book each day, the labs which were highlighted indicated they were completed and in the medical record.</p> <p>During the interview, the UM reviewed the laboratory book for May 2017 and there was a form completed for Resident #80. The form indicated Resident #80 had a CBC and a Basic Metabolic Panel (BMP-a blood test used to test kidney function and electrolyte balance) drawn on 5/11/2017. The information was in the lab book and highlighted and handwritten documentation indicated the results were in the chart. There was no signature for receipt of the laboratory results in the designated area on the form. During the interview the UM was unable to locate the results and called the laboratory to obtain the results. The laboratory informed the UM there were results from March 2017 for a BMP but not a</p>	F 281	<p>A. Facility completed a 100% audit for all labs the past three months. Audit was completed on 7/28/2017. Residents who were missing labs will immediately draw lab and follow up with the doctor for additional orders.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not reoccur?</p> <p>A. 100% Education/In-service to all licensed nurses on Lab procedures on 7/27/2017 by the Clinical Competency Coordinator regarding the importance of following the physician's order.</p> <p>B. New residents will be reviewed during clinical rounds by the DHS and Unit Managers to ensure labs were completed per policy.</p> <p>C. Unit Managers and licensed staff will review current Lab procedures daily per policy during clinical rounds daily Unit Managers will audit once daily for one week, twice weekly for four weeks, then once weekly for 90 days thereafter.</p> <p>How will the corrective action be monitored to assure that the deficient practice will not reoccur, i.e., what quality assurance program will be put in place for monitoring to assure continued compliance?</p> <p>A. The Director of Health Services/ Quality</p>		

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

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F 281	Continued From page 2 CBC. The UM stated the CBC must not have been drawn as there was no signature and no results available. The UM reported since everything on the form was highlighted, she assumed it was completed and did not follow up to see if the results were in the medical record. The UM stated she would notify the physician the CBC was not obtained. An interview was conducted with the Director of Nursing (DON) on 7/12/2017 at 4:53 PM. The DON stated the UM had just informed her of the omitted CBC for Resident #80. The DON indicated since all the information in the laboratory book was highlighted and the CBC was not obtained, there was an issue with the current system. The DON stated the expectation was for all ordered laboratory tests to be drawn as the physician ordered with the appropriate follow up completed.	F 281	Improvement Nurse and Unit Manager will monitor for compliance and discuss with the IDT team during daily rounds, weekly Clinical Meetings, and monthly QAPI meetings.		
F 412 SS=D	483.55(b)(1)(2)(5) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS (b) Nursing Facilities The facility- (b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; (b)(2) Must, if necessary or if requested, assist	F 412		8/10/17	

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F 412	<p>Continued From page 3 the resident-</p> <p>(i) In making appointments; and</p> <p>(ii) By arranging for transportation to and from the dental services locations;</p> <p>(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on observation, staff and family interviews and record review, the facility failed to provide routine dental services for one of one residents reviewed for dental services (Resident #29). Findings included: A review of the medical record revealed Resident #29 was admitted 7/10/2013 with diagnoses of persistent vegetative state, seizure, contractures, stroke, Hepatitis C and blindness. The annual Minimum Data Set (MDS) dated 5/5/2017 noted Resident #29 to be severely impaired for cognition and needed total assistance for all Activities of Daily Living (ADLs) with the physical assistance of one to two persons. The MDS noted Resident #29 had impairment of upper extremities. No dental problems were noted in the MDS. The care plan dated 6/2/2016 noted a focus of Resident #29 being totally dependent of staff for completing ADL care. The goal was Resident #29 would receive the necessary assistance to complete ADLs through the next review. The interventions included: The Resident requires a</p>	F 412	<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>A.Resident #29 did not suffer any untoward effect as a result of the issue identified by the survey team. Social Worker scheduled dental appointment with our dental consult. Appointment scheduled for July 31, 2017.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>A. A 100% audit was performed on 7/17/17 on all residents to ensure dental services were offered/provided per policy.</p> <p>B.New residents admitted will be assessed and monitored for annual dental services per policy.</p> <p>What measures will be put in place or</p>		

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F 412	<p>Continued From page 4</p> <p>mechanical lift for all transfers with the supervision of two staff members. The Resident is totally dependent for bathing and ADLs.</p> <p>On 7/12/2017 at 2:41 PM, in an interview, NA #1 stated AM care included bath, hair care, oral care, nail care and dressing.</p> <p>In an interview on 7/12/2017 at 2:50 PM, NA #2 stated AM care involved a bath, oral care, dressing, toileting and hair care. NA #2 also indicated nail care is given and, if the resident is not diabetic, the NAs clip resident's nails also.</p> <p>On 7/13/2017 at 8:36 AM, observation was made of AM care for Resident #29, who was transferred using the mechanical lift with the assistance of two NAs. Resident #29 was positioned carefully on the shower bed and taken into the bathroom. At all times the staff were observed having maintained the dignity and privacy of Resident #29 by keeping him covered, the door closed and by telling him everything they were going to do. NA #1 brushed Resident #29's teeth and changed his bed. NA #1 stated she brushed Resident #29's teeth every day.</p> <p>In an interview on 7/13/2017 at 10:00 AM, Nurse #1 stated if a resident needed to see a dentist, the nurse scheduled an appointment and the facility transportation took the resident to the appointment. Nurse #1 indicated she did not know where Resident #29 would go for a dental appointment, since he could not get into a dental chair. Nurse #1 stated she did not know if Resident #29 had been to a dentist.</p> <p>The unit manager was interviewed on 7/13/2017 at 10:05 AM, and stated Resident #29 would have</p>	F 412	<p>what systemic changes will be made to ensure that the deficient practice will not reoccur?</p> <p>A. 100% Education/In-service to all licensed nurses and Social Worker regarding obtaining recommendations from outside providers, including dental services, and ensuring follow up of recommendations or securing appointments as recommended. The Social Worker will be responsible for ensuring the appointments are made. Once the Dental Consultations have been received, they will be placed in the resident's clinical record. In-Serviced presented by Clinical Competency Coordinator on 7/25/2017.</p> <p>B. A dental consultations/appointment calendar was developed on 7/17/2017 and will be maintained for all current residents and new admissions by the social worker.</p> <p>C. During the Daily Clinical rounds, Social Worker will review 24 hour report with the interdisciplinary team, to ensure an appointment was made for any resident requiring dental services.</p> <p>D. The Social Worker will add new resident that require services to the calendar for the next available appointment time.</p> <p>E. Administrator will review and follow-up with the Social Worker to ensure residents have received services per the</p>		

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F 412	<p>Continued From page 5</p> <p>to be transported via stretcher, and she was not sure where a dental appointment would be made.</p> <p>A review of the current medical record revealed no documented dental visit for Resident #29.</p> <p>The complete medical record for Resident #29 was reviewed for a dental consult. No dental consult was found.</p> <p>In an interview on 7/13/2017 at 2:50 PM, the transportation director stated he had worked at the facility for about one year. The Transport driver stated he checked his computer and found that he had not scheduled a dental appointment for Resident #29 since he had been employed at the facility.</p> <p>In an interview on 7/13/2017 at 3:25 PM, the Responsible Party (RP) for Resident #29 stated Resident #29 had not been to a dental appointment in the past three years to her knowledge.</p> <p>On 7/13/2017 at 3:27 PM, in an interview, the Director of Nursing (DON) stated her expectation was every resident would be offered a dental appointment every year.</p>	F 412	<p>following schedule once daily for one week, twice weekly for four weeks, then once weekly for 90 days thereafter.</p> <p>How will the corrective action be monitored to assure that the deficient practice will not reoccur, i.e., what quality assurance program will be put in place for monitoring to assure continued compliance?</p> <p>A. The Administrator and Social Worker will monitor for compliance and discuss with the IDT team during daily rounds, weekly Clinical Meetings, and monthly QAPI meetings.</p>		