

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345496</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/27/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY COMMONS N&amp;R ALAMANCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>791 BOONE STATION DRIVE BURLINGTON, NC 27215</b>
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F 691 SS=D	<p>Colostomy, Urostomy, or Ileostomy Care CFR(s): 483.25(f)</p> <p>§483.25(f) Colostomy, urostomy,, or ileostomy care. The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff and resident interviews, the facility failed to empty a full ostomy bag for one of two residents (Resident #2) reviewed for ostomy care.</p> <p>Findings included: Resident #2 was admitted 04/17/17 with diagnoses that included demyelinating disease of the CNS and colostomy.</p> <p>The quarterly Minimum Data Set (MDS) dated 10/14/17 indicated the resident was cognitively intact. The resident needed extensive assistance with toileting. The MDS also recorded the presence of an ostomy.</p> <p>The care plan dated 07/25/17 included entries to "provide colostomy [care] q [every] shift and PRN [as needed]" and to notify the nurse of a leaking colostomy bag.</p> <p>On 11/27/17 at 1:20 p.m., Resident #2 was observed resting in bed. When asked about the status of his ostomy, the resident pulled back his gown to reveal that his colostomy bag was approximately ¾ full with semi-solid and liquid contents. A dry dressing was present on his</p>	F 691	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. 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 date or dates indicated.</p> <p>F691 COLOSTOMY, UROSTOMY, OR ILEOSTOMY CARE</p> <p>1. The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;</p> <p>The facility failed to empty a full ostomy bag for one of two residents (Resident #2) reviewed for ostomy care. Resident #2. Colostomy bag noted full on 11/27/2017 and was promptly changed by Nurse on 11/27/2017 at 2:35pm. MD</p>	12/20/17
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  12/11/2017
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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 691	<p>Continued From page 1</p> <p>upper abdomen approximately six inches from the ostomy opening. He stated that the surgeon had given him hope that the ostomy might be reversible.</p> <p>In an interview on 11/27/17 at 1:20 p.m., Resident #2 stated that the ostomy bag was last emptied the previous night. He stated the abdominal dressing covered a wound from surgery for an intestinal blockage and his ostomy was created at that time. He indicated that since admission staff members had not been responding promptly to his requests to empty the bag. He indicated that the bag had burst two weeks ago on Sunday and again on the following day and on several occasions before that. On at least one of those occasions the contents had spilled onto his abdominal dressing. He stated he had peeled back the soiled dressing and then removed it himself to reveal to the nurse aide that the ostomy contents had contaminated the area. He stated that the nurse aide informed the nurse what had happened. In the interview Resident #2 expressed frustration over the episodes and that his abdominal wound and skin had been exposed to the bag contents. He shared his concern that the wound might become infected and not heal properly, thus delaying or preventing potential reversal of the ostomy.</p> <p>Documentation on the two incidents of burst bags described by Resident #2 was not located in the medical record.</p> <p>In an interview on 11/27/17 at 2:05 p.m., Nurse Aide #1 stated that she had been working on the unit since March and was familiar with providing ostomy care for Resident #2. She indicated that she checked the ostomy bag every shift when</p>	F 691	<p>orders received on 11/27/2017 for: Colostomy care and empty every shift and as needed; Change colostomy bag and wafer every 3days and as needed; Empty Colostomy every shift. This orders are reflected on the electronic Medication Administration Record and documented by the Nurse.</p> <p>2. The procedure for implementing the acceptable plan of correction for the specific deficiency cited;</p> <p>On 12/5/17, the Director of Nursing reviewed the electronic medical record for each resident that had a colostomy in the facility. It was found that three residents have Colostomy. All three residents have physician orders in place for: Change colostomy bag and wafer every 3days and as needed; colostomy care and empty every shift and as needed; empty colostomy every shift. All this orders are reflected on the electronic Medication Administration record and documented by the Nurse.</p> <p>On 11/27/2017 to 12/15/2017, the Director of nursing and Nurse Supervisors began in servicing all nurses (Registered Nurses, Licensed Practical Nurses) and Nurse Aides (that is Full time, part time and as needed) on the fact that the facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and</p>		

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F 691	<p>Continued From page 2</p> <p>assigned to Resident #2 but it had never been "full enough to empty." She documented the estimated amount of contents under "Bowel Movements" in the nurse aide care tracker each shift. She stated she had been working on one of the evenings the ostomy bag had burst. She had informed the nurse of the soiling and of the contaminated dressing.</p> <p>Nurse #1 assigned to the resident was shown the full bag at 2:35 p.m. and she promptly changed the bag.</p> <p>In an interview on 11/27/17 at 5:30 p.m., the Director of Nursing stated her expectation that nurses and nurse aides checked and emptied the contents of ostomy bags each shift and that leaking bags were replaced.</p>	F 691	<p>preferences. The in-service also included Documentation of Colostomy care and also changing of Colostomy bag and wafer per physician orders: Change Colostomy bag and wafer every 3days and as needed; colostomy care and empty every shift and as needed; empty colostomy every shift. Nurses will document on the electronic Medication Administration record and Nurse Aides will document on the point of care for the tasks on the respective residents; Check colostomy in place every shift; empty colostomy bag every shift and as needed.</p> <p>As of 12/15/17 no employee (Registered nurse, Licensed Practice Nurse and Nurse Aides) will be allowed to work until the training has been completed. Effective 12/15/2017, this training is incorporated into the new employee orientation program.</p> <p>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>3. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;</p> <p>Nurses (Registered Nurses, Licensed Practical Nurse) will document on the electronic Medication Administration</p>		

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F 691	Continued From page 3	F 691	<p>Record in reference to: Change Colostomy bag and wafer every 3days and as needed; colostomy care and empty every shift and as needed; empty colostomy care every shift. The Nurse Aides will document on the electronic health record record/point of care for the tasks on the respective residents; Check colostomy in place every shift; Empty colostomy bag every shift and as needed.</p> <p>To ensure compliance the Director of Nursing and /or Nurse Manager will interview 3 alert and oriented residents with colostomy to ensure that Colostomy bag is changed and emptied as ordered and as requested per resident. This will be done on a weekly basis for 4 weeks then monthly for 3months.</p> <p>The Director of Nursing and /or Nurse Manager will review the electronic Medication Administration Record and ensure that the nurse has documented :Change Colostomy Bag and wafer every 3days and as needed; colostomy care and empty every shift and as needed; empty colostomy care every shift. This will be done on a weekly basis for 4 weeks then monthly for 3months.</p> <p>The Director of Nursing and /or Nurse Manager will review the electronic health record and ensure that the nurse aides have documented: check colostomy is in place every shift; empty colostomy bag every shift and as needed. This will be done on a weekly basis for 4 weeks then monthly for 3months.</p>		

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

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F 691	Continued From page 4	F 691	<p>Reports will be presented to the weekly QA committee by the Director of Nursing to ensure corrective action for trends or ongoing concerns is initiated as appropriate. The weekly Quality assurance Meeting is attended by the Director of Nursing, Minimum Data Set Coordinator, Unit Manager, Health Information Manager, Dietary Manager and the Administrator.</p> <p>4. The title of the person responsible for implementing the acceptable plan of correction;</p> <p>Administrator and /or Director of Nursing.</p>		