

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345457	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/05/2018
NAME OF PROVIDER OR SUPPLIER BELAIRE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2065 LYON STREET GASTONIA, NC 28052		
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F 658 SS=D	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans 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 record review and staff interviews the facility failed to transcribe orders for wound care for 1 of 3 residents reviewed for providing care according to professional standards (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility from the hospital on 11/08/17 with diagnosis that included diabetes among others. The admission Minimum Data Set (MDS) dated 11/15/17 indicated Resident #1 was alert and oriented and did not reject care. The MDS also indicated Resident #1 was receiving surgical wound care and being administered antibiotics.</p> <p>Record review indicated Resident #1 received a skin graft to his foot with tissue recovered from his right thigh on 12/07/17. Discharge instructions from the surgical center dated for 12/07/17 indicated the right thigh graft donor site had a dressing requiring the application of Vaseline or Neosporin to keep the area moist.</p> <p>The nurse on duty when Resident #1 returned from his skin graft procedure on 12/07/17 was unable to be reached by phone.</p> <p>Nurses notes dated 12/07/17 through 12/13/17</p>	F 658	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited; For resident #1, nursing staff failed to transcribe orders to the Medication Administration Record or Treatment Administration Record (MAR/TAR) that were initiated by a consult visit to the patients surgeon. This is a direct result of a lack of attention to detail and education. Patient had no negative outcome from this omission, however, could have resulted in care not being provided that was ordered. At the time of the survey the resident had been</p>	1/29/18	

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

TITLE

(X6) DATE

Electronically Signed

01/23/2018

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 658	<p>Continued From page 1</p> <p>indicated no treatment of the right thigh graft donor site.</p> <p>Treatment Administration Record (TAR) for 12/07/17 - 12/13/17 indicated no treatment for the right thigh graft donor site.</p> <p>Record review indicated Resident #1 had a follow up appointment on 12/14/17 for assessment of the skin graft to his foot and the graft donor site. The physician indicated the following: "healing skin graft R foot, healing donor site." The physician further recommended "apply Vaseline BID (twice a day) to R thigh donor site."</p> <p>The TAR for 12/14/17 indicated the physician instructions to apply Vaseline twice daily to the right thigh donor site were started and continued until Resident #1 was discharged from the facility.</p> <p>During an interview with Nurse #1 (N #1) at 11:15 AM on 01/05/18, N #1 stated Resident #1 had skin issues with his foot and his bottom but could not remember any other skin areas where there were any treatments being done. N #1 also stated whoever the nurse is on shift would be responsible for putting in orders when a resident returned from a medical appointment.</p> <p>During an interview with Nurse #2 (N #2) at 12:57 PM on 01/05/18, N #2 stated he was aware there was a treatment to be done for Resident #1 because he had read it in the discharge instructions. N #2 also stated that although he was aware of the order he did not transcribe it to the TAR. N #2 further stated he had no specific reason for not transcribing it, but thought he was just working with one other nurse that day and "just didn ' t get around to it."</p>	F 658	<p>discharged from the facility so a change could not be made to this residents specific MAR/TAR.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited; In order to prevent this from occurring again, all patient charts that were in-house as of January 11, 2018 for consults that have occurred in the past month to ensure that there were no orders that were included on the consults that had not been transcribed. If any missed orders were found the physician and ordering physician were immediately notified and the order transcribed to the MAR/TAR to ensure the order was carried out and care could be documented. The Staff Nurses were educated on January 11, 2018 on the following process by the Corporate Nurse Consultant. 1) When a resident returns to the facility from a consult visit, nursing will review the consult for orders and place them on the MAR/TAR. 2) The nurse will make a copy of the consult and give to the Director of Nursing who will either check herself or delegate to the Unit Manager or Assistant Unit Manager, who will check the Consult sheet if provided by the provider for any new orders Monday through Friday. 3) If orders are present then the patients chart will be checked to ensure that the order was transcribed to the patients MAR/TAR if order was obtained during provider visit. 4) If order was present on the consult sheet and not transcribed then documentation of</p>		

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F 658	Continued From page 2 During an interview with the Director of Nursing (DON) at 1:40 PM on 01/05/18, she stated her expectations were for whoever the floor nurse is when a resident returns from a medical appointment, that nurse has the responsibility for putting in new orders for the resident. The DON also stated the Unit Manager is to double check the orders the next day but the Unit Manager had been out recently. The DON further stated she plans to in-service the nursing staff for reeducation regarding the process of putting orders in for residents.	F 658	re-education for the first infraction by a nurse and disciplinary action for any further infractions. Nurses not educated on the above process on January 11, 2018 will be removed from schedule until education is received. This process will be included as part of the Orientation program for new hires. 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; When a resident returns to the facility from a consult visit, nursing will review the consult for orders and place them on the MAR/TAR. The nurse will make a copy of the consult and give to the Director of Nursing who will either check herself or delegate to the Unit Manager or Assistant Unit Manager, who will check the Consult sheet if provided by the provider for any new orders Monday through Friday. If orders are present then the patients chart will be checked to ensure that the order was transcribed to the patients MAR/TAR if applicable. If order was present and not transcribed then documentation of re-education for the first time and disciplinary action for further infractions. This audit will continue Monday through Friday for a period of 4 months. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: The administrator will be responsible to ensure that the plan of correction is implemented. Audits of		

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

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