

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2018
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NAME OF PROVIDER OR SUPPLIER PISGAH MANOR HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 104 HOLCOMBE COVE ROAD CANDLER, NC 28715
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F 000	INITIAL COMMENTS There were no deficiencies as a result of complaint investigations see 2567 of event ID # QSFE11.	F 000		
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 observations, medical record review, Medical Director and staff interviews, the facility failed to follow a physician's order for the placement of a palm guard for 1 of 4 residents reviewed for contractures (Resident #63).</p> <p>Findings included:</p> <p>Resident #63 was admitted to the facility on 07/31/09 with diagnoses that included Parkinson's disease, muscle weakness, diabetes and contracture.</p> <p>Review of the active physician orders for Resident #63 revealed an order dated 02/19/14 which read in part, "right palm guard with insert to be off between 7:00 AM and 11:00 AM every day for laundry and be put back on at 11:00 AM until the following day at 7:00 AM." Further review revealed an order dated 12/16/16 which read in part, "right palm guard with insert 20 of 24 hours."</p> <p>Review of the annual Minimum Data Set (MDS) dated 11/16/17 revealed Resident #63 had severe</p>	F 658	<p>F000 Disclaimer Pisgah Manor Health Care Center submits this Plan of Correction (PoC) in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this PoC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services (CMS), the State of North Carolina or any other entity; or (2)</p>	2/21/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/23/2018
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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 658	<p>Continued From page 1</p> <p>impairment in cognition and required total staff assistance for all activities of daily living. Further review revealed Resident #63 had impairment on both sides for functional range of motion.</p> <p>Observation of Resident #63 made on 01/02/18 at 4:17 PM revealed no palm guard was in place or visible in her room.</p> <p>Observation of Resident #63 made on 01/03/18 at 4:35 PM revealed no palm guard was in place or visible in her room.</p> <p>An interview on 01/04/18 at 9:09 AM with the Restorative Aide (RA) confirmed Resident #63 received restorative services for splint placement. The RA indicated both of Resident #63's hands were contracted and she was unable to open her fingers without displaying discomfort. The RA explained sometimes he was able to get a rolled washcloth or therapy carrot (tapered and cone shaped rolled fabric placed in the palm to gently separate the fingers) placed in the palm of her hand. He confirmed there were times he was unable to get anything placed in her hand due to her displaying signs of discomfort.</p> <p>Observation of Resident #63 made on 01/04/18 at 12:17 PM revealed no palm guard was in place or visible in her room.</p> <p>An interview on 01/04/18 at 12:17 PM with Nurse Aide (NA) #1 revealed Resident #63 had difficulty opening her fingers and would clench her fist when she didn't want to move her fingers. NA #1 stated Resident #63 displayed signs of discomfort whenever they attempted to place a rolled washcloth in the palm of her hand and they would stop. NA #1 confirmed Resident #63 had palm</p>	F 658	<p>serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.</p> <p>F658</p> <p>Palm guard was originally ordered by MD for Resident #63 for hygiene purposes. Staff were observed during the period of 1/2-1/5/18 not consistently applying the palm guard to Resident #63 due to s/s of pain. Correction action was taken on 1/5/18 for Resident #63. MD order obtained to d/c palm guard for resident as it was noted by staff to be painful to apply to resident. Restorative Aide and Nurse Aide education was completed by Director of Nursing (DON) on this date regarding communication to a Nurse if any device is not able to be applied so the Nurse could then notify the MD.</p> <p>Correction action was taken on 1/8/18 for Resident #63. Rehabilitation Screen completed from nursing to Therapy requesting evaluation for hand hygiene and contractures. 1/23/18 Resident #63 was evaluated and picked up by Occupational Therapy for hand hygiene and contracture management.</p> <p>Correction action was taken on 1/8/18 for all residents in the facility.</p>		

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F 658	<p>Continued From page 2</p> <p>guards to wear but was unable to locate them in her room and stated they must have been sent to laundry for cleaning.</p> <p>An interview on 01/05/18 at 10:36 AM with Nurse #1 revealed both hands of Resident #63 were contracted. Nurse #1 could not recall if Resident #63 wore a palm guard but indicated staff would attempt to place a rolled up washcloth in the palm of her hand when she would allow.</p> <p>An interview on 01/05/18 at 1:11 PM with the Medical Director (MD) revealed Resident #63's contractures were "longstanding" (existed for a long time) and palm guards were not ordered for improvement of the contracture but rather for hand hygiene and to prevent infection. The MD stated she would not expect for staff to apply the palm guard if it was causing Resident #63 pain but would expect for staff to inform her when the placement was not working or was too painful for Resident #63 to tolerate so the order could be revisited.</p> <p>An interview on 01/05/18 at 5:20 PM with Nurse #2 revealed she checked Resident #63's hands during the evening shift for signs of infection. Nurse #2 stated some evenings Resident #63 would have a palm guard or rolled up washcloth in the palm of her hand but on other evenings she wouldn't have any device in place.</p> <p>An interview on 01/05/18 at 6:05 PM with the Director of Nursing (DON) revealed Resident #63's palm guard was not consistently applied due to causing her pain. The DON stated she would not expect for staff to apply the palm guard if it was causing Resident #63 pain but would expect for staff to notify her, the MD or Rehab so</p>	F 658	<p>Assistant Director of Nursing and Staff Development RN reviewed all Physician Orders for residents with an order for a palm guard/ hand splint. All orders were found to be accurate and in compliance.</p> <p>Assistant Director of Nursing and Staff Development RN will complete QA audit checks on all Physician Orders for residents with an order for a palm guard/hand splint weekly for four weeks (completed by 2/3/18) and then monthly for two months (February and March 2018) totally three months of QA audit checks.</p> <p>Nurse Aide education will be completed at the next scheduled monthly meeting on 2/21/18 and Nurse education will be completed at the next scheduled monthly meeting on 2/7/18 by DON.</p>		

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

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F 658	Continued From page 3 the resident could be reevaluated and her orders adjusted or discontinued.	F 658			