STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345279	A. BUILDING _____ B. WING _____	C 02/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER HILLS NURSING AND REHABILITATION CENTER	7369 HUNTER HILL ROAD ROCKY MOUNT, NC 27804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, family and staff interviews the facility failed to follow physician's orders to perform dressing changes for 1 of 3 residents (Resident #1) reviewed for pressure ulcers, and failed to provide treatments for 1 of 3 Residents with wound care (Resident #3). The findings included: 1. Resident #1 was admitted to the facility on 10/11/17 and had diagnoses of end stage peripheral artery disease and dementia. The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 1/15/18 revealed the resident had short and long term memory loss and severe cognitive impairment. The MDS noted the resident required extensive to total assistance with activities of daily living. The MDS noted the resident had 3 unstageable pressure ulcers and had a pressure reducing device for the bed and chair and received pressure ulcer care. The resident ' s Care Plan dated 10/21/17 noted the resident had pressure ulcers and to do treatments as ordered. There was a physician ' s order dated 12/19/17 for the following: Apply betadine to the right foot and heel and right great toe and wrap with Kerlix (gauze) daily. There was a physician ' s order	F 658	The process that led to this deficient practice on 02/06/2018 was that the assigned hall nurse failed to complete the treatments for Resident #1 and Resident #3 and the assigned hall nurse failed to initial the Treatment Administration Record (TAR). On 02/09/2018 Resident # 1 had a skin check completed by the assigned hall nurse with no new issues identified. On 02/13/2018 the West Wing Treatment Nurse completed an assessment of resident #1 wounds with no new issues identified. On 02/05/2018 the East Wing Treatment Nurse and the Director of Nursing (DON) completed an assessment on resident #3 wounds and no new issues were identified. On 2/9/2018 Resident #3 had a skin check completed by the assigned hall nurse with no new issues identified. On 02/05/2018 the DON notified the physician of the lack of documentation of the completion of the treatment on the TAR for Resident #1 and Resident #3 and no new orders were received. 100% head to toe assessments was completed on all residents to include	2/23/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/14/2018

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	Continued From page 1 dated 12/22/17 to apply skin prep to the left heel daily. Review of the Treatment Administration Record (TAR) for December 2017 revealed an entry to Cleanse R great toe with wound cleanser apply betadine and wrap with Kerlix daily." A separate entry noted to cleanse the right heel with wound cleanser and apply betadine and wrap with Kerlix daily. There was another entry to apply skin prep to the left heel daily. The TAR contained no initials for December 24 and 25, 2017 to indicate the treatments had been done as ordered. On 2/6/18 at 10:02 AM, an interview was conducted with the Administrator and Director of Nursing (DON). The Administrator stated she received a grievance from the resident ' s family member about Resident #1 ' s treatments not being done consistently. The DON stated during the investigation they determined the 2 nurses that worked on December 24 and 25, 2017 did not do the treatments. The Administrator stated she spoke with the family and apologized and let them know the 2 nurses no longer worked at the facility. On 2/6/18 at 2:15 PM, the Administrator stated in an interview they had provided in-services to the nursing staff regarding treatments and had monitored the TARs for Resident #1 to ensure her treatments were being done but had not looked at other residents with wounds to see if their treatments were being done. 2. Resident #3 was admitted to the facility on 12/17/17 with diagnoses of bilateral stasis dermatitis, hypothyroidism, hypothermia, encephalopathy, hypothermia, bradycardia and	F 658	Resident #1 and Resident #3 on 2/10/18 by all licensed nurses to ensure all identified wounds and skin abnormalities noted have been assessed, physician notified, treated appropriately per physician order or wound protocol with documentation in the medical record and appropriate documentation on the Treatment Administration Record (TAR) utilizing a Resident Census. No new issues were identified. The DON will immediately address all identified areas of concern with corrections in documentation in the medical record. 100% in-service of Licensed Nurses was initiated on 2/7/2018 by the DON and Assistant Director of Nursing (ADON): It is the responsibility of all nurses and med aides to ensure residents' treatments are completed per the physician orders. When the treatment nurse is not in the facility or working the hall, to include weekends, it will be the responsibility of the assigned nurse/med aide to complete their residents' treatments. The assigned nurse is to review the Treatment Administration Record (TAR). The following schedule will be followed: 7am-3pm shift will complete all treatment for residents in even room numbers (i.e. 202, 502, 604 etc.) and the 3pm-11pm shift will complete all treatments for residents in odd number rooms (203, 503, 711 etc.). Med Aides CANNOT dress stage III or IV wounds or pack wounds. These treatments will be the responsibility of the nurse that is covering the med aide. Upon completion of the ordered	

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F 658	Continued From page 2 anemia. A review of the resident ' s admission Minimum Data Set (MDS) dated 12/29/17 revealed the resident was cognitively intact. He required extensive assistance with dressing, eating, toilet use, personal hygiene and totally dependent on staff for bathing. A review of the Physician ' s orders dated 12/18/17 read, "ABD pad (a sterile, highly absorbent dressing) re-wrapped with ace wrap and apply Lac-Hydrin lotion twice a day." A review of the Treatment Administration Record (TAR) for February 2018 revealed the resident did not receive treatments on 2/1/18, 2/2/18, 2/3/18, and 2/4/18 on first shift. On second shift, the resident did not receive the treatment on 2/1/18 and 2/4/18, and 2/5/18. On 2/5/18 at 3:20 PM a family member of Resident #3 stated that the resident's legs were dry and the physician had ordered lotion. The family member stated that she thought since his legs were so dry that she did not believe that staff were putting the lotion on his skin. On 2/6/18 at 10:47 AM the Treatment Nurse stated that she applied the lotion this morning (2/6/18) and stated that there was no documentation that the treatment was done on second shift on 2/5/18. On 2/6/18 at 11:20 AM the Administrator and the Director of Nursing (DON) stated that the nurses had missed the treatments during February 2018 and if they had done the treatments they failed to document that the treatments were done.	F 658	treatment, the nurse/med aide will initial the TAR indicating the treatment was completed. If the resident refuses the treatment, the nurse/med aide will initial the TAR, circle their initial, and indicate refusal on the back of the record. The physician and the Resident Representative (RR) will be notified and this will be documented in the medical record. A colored sheet of paper will indicate residents who have treatments that are to be completed more frequently than daily (i.e. BID treatments) to alert all nurses to ensure completion by all shifts if indicated. The treatment nurse will ensure this sheet remains current. If treatments are not completed, disciplinary action will be taken to be completed by 2/23/2018. All newly hired nurses will be educated by the SF during orientation. The East and West Wing Treatment Nurse will review the Treatment Administration Records weekly x 8 weeks then monthly x 1 month to ensure all treatments have been initialed as completed on the Treatment Administration Record utilizing the Treatment Administration Record Audit Tool. Any concerns will immediately be identified and addressed by the Director of Nursing with reeducation of the licensed nurse on completion and documentation of physician ordered treatments. The Administrator will review and initial the Treatment Administration Record Audit tool weekly x 8 weeks then monthly x 1 month to ensure completion and that all areas of concern were addressed.	

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F 658	Continued From page 3	F 658	The Director of Nursing will forward the results of the Treatment Administration Audit Tool to the Executive Quality Improvement Committee monthly X 3 months. The Executive Quality Improvement Committee will meet monthly X 3 months and review the Treatment Administration Audit Tool to determine trends and/or issues that may need further interventions put into place and determine the need for further and/or frequency monitoring.	