

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

PRINTED: 06/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/29/2018
NAME OF PROVIDER OR SUPPLIER LEXINGTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 17 CORNELIA DRIVE LEXINGTON, NC 27292		
(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 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p>	F 580		5/18/18	

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

TITLE

(X6) DATE

Electronically Signed

05/10/2018

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 580	<p>Continued From page 1</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, family interview, staff interview, and nurse practitioner interview, the facility failed to notify the physician and family of a blackhead that was draining a "white, cheese like" material for 1 of 1 sampled residents (Resident # 1).</p> <p>The findings included:</p> <p>Resident # 1 was admitted to the facility on 03/26/2018 with diagnoses including but not limited to: muscle weakness, nutritional anemia, unspecified hearing loss, hematuria, dysphagia, chronic obstructive pulmonary disease, and acquired absence of other specified parts of the digestive tract.</p> <p>Review of a comprehensive admission Minimum Data Set (MDS) assessment dated 04/02/2018 revealed the resident was moderately cognitively impaired. The assessment indicated resident # 1 required limited assistance for bed mobility, transfers, locomotion, dressing, and personal hygiene. The resident required extensive assistance for toileting. Walking only occurred once or twice during the assessment period.</p>	F 580	<p>F580 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 center's 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 led to the deficiency cited. 1. The facility failed to notify the physician and family of a blackhead that was draining a White cheese like material on the face of resident #1. Resident #1 is no longer in facility. Nurse Practitioner does not recall being told that the blackhead on the face of resident #1 was expressed by the nurse. A communication form was</p>		

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F 580	<p>Continued From page 2</p> <p>Review of an MDS assessment dated 04/10/2018, coded as a discharge assessment - return not anticipated, revealed the resident was discharged from the facility on 04/10/2018. This assessment revealed the resident had severe cognitive impairment.</p> <p>A review of a nursing notes made by Nurse # 1 on 04/08/2018 revealed that the resident had a large blackhead on the right side of his face that was protruding. Nurse # 1 wrote that a warm wash cloth was applied to the blackhead and the blackhead was expressed. The note indicated that the physician was made aware.</p> <p>An interview conducted with the resident's responsible (RP) party on 04/29/2018 at 11:35 AM revealed that the resident had "a boil" on his right cheek for a few years. The RP indicated that at some point after the last time he visited the resident on 04/06/2018 the boil had been popped. The RP indicated that he was not aware the boil had been popped until he saw the resident on 04/10/2018 after the resident had been discharged from the facility. The RP further revealed that he did not know when the boil had been popped or who had popped it.</p> <p>An interview conducted with Nurse # 1 on 04/29/2018 at 1:27 PM revealed that the resident had a large blackhead on his face that was raised and protruding. Nurse # 1 indicated that the blackhead looked like it was coming to a head. Nurse # 1 reported that she gently squeezed the blackhead and about an inch of brown material came out of the blackhead. Nurse # 1 reported that she called Nurse # 2 into Resident # 1's room and showed the brown material to Nurse # 2. Nurse # 1 revealed that the brown material</p>	F 580	<p>implemented on 10 May 2018 on which charge nurses record non-urgent information on for the Nurse Practitioner or doctor to review that also has a column for them to initial that they have notified the family. All residents' records were audited during the period 9-17 May 2018 to ensure there were no missed notifications.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited.</p> <p>1. Licensed Nurses will be educated on using the new communication form by the Staff Development Coordinator (SDC) during the period 9-17 May 2018. Any nurses are on leave will be inserviced immediately upon their return by the SDC or her designee. New nurses will be trained on the communication form during the orientation process.</p> <p>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>1. The Unit Manager/Coordinator or Director of Nursing will audit the communication forms for completeness and will ensure that Nurse Practitioner/doctor and Responsible Party were notified. These audits will be done 3 times per week for 12 weeks.</p> <p>Results of these audits will be reviewed at</p>		

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F 580	<p>Continued From page 3</p> <p>was placed into a specimen cup. Nurse # 1 revealed that a warm compress was placed on the area. Nurse # 1 further revealed that after the warm compress was removed she applied gentle pressure around the area and a "white, cheese like" material came out of it. Nurse # 1 indicated that Resident # 1 did not appear to be in pain while she was expressing the blackhead. Nurse # 1 reported that Resident # 1 was watching television and the only noise he made was to grunt like he usually did. Nurse # 1 indicated that Resident # 1 was fine after she expressed the blackhead. Nurse # 1 indicated that she spoke with the Nurse Practitioner (NP) to make her aware of the blackhead. Nurse # 1 indicated that she told the NP about the blackhead as she passed her in the hallway after leaving Resident # 1's room. The nurse indicated that she did not call Resident # 1's responsible party before or after the blackhead was expressed.</p> <p>An interview conducted with the NP on 04/29/2018 at 3:20 PM revealed that she did not remember seeing Resident # 1 about a blackhead on his face and she did not remember discussing a blackhead with anyone in the facility. The NP indicated that she made notes on all of the resident's she sees in the facility and she would check the notebook to ensure she did not speak with anyone in the facility regarding Resident # 1's blackhead. The NP indicated that if a resident were found to have a blackhead that needed to be extracted it would be her expectation that the physician would be made aware so the area could be assessed and any necessary orders would be written. The NP indicated that if nursing staff found the area open and draining that it would be her expectation that the physician would be notified before warm</p>	F 580	<p>Weekly Risk Quality Assurance Meeting for three months and at Quarterly Quality Assurance meeting for two meetings for further resolution if needed.</p> <p>The Director of Nursing is responsible for implementing the acceptable plan of correction by 5/18/18 .</p>		

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F 580	<p>Continued From page 4</p> <p>compresses were applied so the physician could assess the area to determine the appropriate plan of care.</p> <p>An interview conducted with Nurse # 3 on 04/29/2018 at 3:40 PM revealed that Nurse # 3 recalled seeing Nurse # 1 show the specimen cup containing the material from Resident # 1's face to the NP on 04/08/2018.</p> <p>An interview conducted with the NP on 04/29/2018 at 3:41 PM revealed that she did not recall being shown a specimen cup with anything in it. The NP indicated that she would remember if someone showed her something that came from a resident's face.</p> <p>An interview conducted with the Director of Nursing (DON) on 04/29/2018 at 4:29 PM revealed that it would not necessarily be her expectation that the physician and family be notified for the removal of a blackhead. The DON indicated that if the area looked red, inflamed, or infected she would expect the nurse to notify the physician and family. The DON further indicated that if the nurse was just removing a blackhead and the area appeared normal after the extraction she would not expect that the doctor or family would be notified.</p> <p>An interview conducted with the Facility Nurse Consultant (FNC) on 04/29/2018 at 4:40 PM revealed that her expectations were the same as the DON. The FNC indicated that acne, blackheads included, or facial hair were considered part of basic care. The FNC indicated that if there were a concern for infection then her expectation would be that the family and doctor would be notified.</p>	F 580			

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F 580	Continued From page 5 An interview conducted with the Administrator on 04/29/2018 at 4:57 PM revealed that he was not sure he was qualified to determine if the family or physician should have been notified about a blackhead from a medical standpoint. The Administrator indicated that if there is drainage from a wound or a wound vacuum it would be considered part of the normal course of treatment. The Administrator indicated that they would not typically call the family or the doctor in that instance. A follow-up interview was conducted with the NP on 04/29/2018 at 6:50 PM when the NP called to indicate that she double checked her notebook. The NP indicated that the only note she made pertaining to Resident # 1 indicated that he was doing well and was being discharged to a new facility. The NP indicated that she had requested that staff at the facility fill out the appropriate form to notify her about any issues that needed to be addressed rather than tell in passing because this could happen. The NP indicated that in her medical opinion, Resident # 1 was not mentally capable of making his own health care decisions and that Resident # 1 was not competent to make his own healthcare decisions.	F 580			