

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345460</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/31/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>GUILFORD HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2041 WILLOW ROAD</b> <b>GREENSBORO, NC 27406</b>		
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F 693 SS=D	<p>Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff, dietician, and physician interviews' the facility failed to follow physician orders for administering the correct ordered amounts of tube feeding for 1 of 3 residents (Resident #1) reviewed for tube feedings. Findings include:  Resident #1 was originally admitted to the facility on 4/25/18 following a hospital admission from 4/8/18-4/25/18 for treatment of acute respiratory failure, cardiac arrest, septic shock secondary to pneumonia, E. Coli urinary tract infection (UTI),</p>	F 693	<p>F693 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</p>	1/21/19	

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

TITLE

(X6) DATE

Electronically Signed

01/15/2019

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 693	<p>Continued From page 1</p> <p>and acute kidney injury. Other diagnoses when admitted to the facility included dementia, hypertension (HTN-high blood pressure), hyperlipidemia (HLD-high cholesterol), dysphagia, and percutaneous endoscopic gastrostomy (PEG) tube for feeding (placed 4/17/18).</p> <p>Review of Resident #1's quarterly Minimum Data Set (MDS) assessment from 11/8/18 revealed the resident had severe cognitive impairment, required one to two-person extensive to total assistance for all activities of daily living (ADLs), and was incontinent of both bladder and bowel. The MDS also documented that the resident had no significant weight loss, received greater than 51% of calories and greater than 501 mL through tube feeding per day.</p> <p>Resident's Care Plan dated for 11/2/18 revealed plans in place for the resident required tube feeding related to dysphagia (difficulty swallowing) with interventions that included to provide tube feeding per order. The resident was at risk for nutrition related to multiple comorbidities, NPO status related to dysphagia with dependence on enteral nutrition to meet estimated nutrition needs with interventions that included to provide tube feeding and water flushes per order.</p> <p>Review of physician orders for dates after 9/27/18 (recertification survey date) revealed an order for Jevity 1.2 (tube feeding formula) at 85 mL/hr for 14 hours (6pm to 8am).</p> <p>Review of the September MAR from 9/28/18 through 9/31/18 revealed: Jevity 1.2 Infused Totals Documented: Day Shift - 1,622 mL</p>	F 693	<p>deficiencies cited have been or will be completed by the dates indicated.</p> <p>How corrective action will be accomplished for those residents found to have been affected the deficient practice The facility failed to follow physician orders for administering the correct ordered amount of tube feeding for Resident #1. 1/14/2019 order changed to Jevity 1.2 237ml/1can 5 times daily. Intake will be documented every shift. How the facility will identify other residents having the potential to be affected by the same deficient practice Staff Development nurse will educate all Licensed nurses on following physicians orders for administering correct ordered amount of tube feeding by January 21, 2019. Any Licensed Nurse that has not been educated will not be allowed to work until education is completed. All new nurses will receive education on following physician's orders for administering correct ordered amount of tube feeding during orientation. All current residents with enteral feeding orders will be audited to validate Licensed Nurses are following physician's orders for administering correct ordered amount of tube feeding by January 21, 2019 Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur Director of Nursing or designee will audit to validate Licensed Nurses are following physician's orders for administering correct ordered amount of tube feeding.</p>		

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F 693	<p>Continued From page 2</p> <p>Evening Shift - 1,119 mL Night Shift - 2,040 mL Total administered: 4,781 mL Total ordered to be administered from 9/28/18 - 9/31/18 = 3,570 mL</p> <p>Review of MAR from 10/1/18 through 10/27/18: Jevity 1.2 to 85 mL/hr x 14 hours (6pm to 8am) Jevity 1.2 Infused Totals Documented Day Shift - 16,898 mL Evening Shift - 10,166 mL Night Shift - 16,267 mL Actual Total Administered: 43,331 mL Total ordered to be administered from 10/1/18 - 10/27/18 = 32,130 mL</p> <p>Review of progress notes, assessments, ADL charting (BM and urine occurrences/descriptions), and vital signs from 9/28/18 through 10/27/18 revealed no changes in the resident's condition.</p> <p>Review of an Registered Dietician (RD) Progress Note from 11/8/18 revealed she recommended Jevity 1.2 at 75 mL/hr x 14 hours, Prostat BID (Total=1460 kcal, 85 g protein, 800 mL water) and additional 200 mL water flushes 4 times daily for nutrition. Physician orders were written for the recommendation.</p> <p>Review of MAR from 11/1/18 through 11/30/18: (11/1/18 through 11/7/18) Jevity 1.2 to 85 mL/hr x 14 hours (6pm to 8am) (11/7/18 through 11/30/18) Jevity 1.2 to 75 mL/hr x 14 hours (6pm to 8am) Day Shift - 9,563 mL Evening Shift - 11,262 mL Night Shift - 16,050 mL Total administered: 36,875 mL</p>	F 693	<p>Audits will be daily Monday through Friday x2 weeks, Weekly x2, Bi-Weekly x2 and monthly x1. Results of audits will be reviewed at Weekly Quality Assurance Risk meeting, and further problem resolution if needed.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained</p> <p>Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X1 for further problem resolution if needed. Completion date January 21, 2019</p>		

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F 693	<p>Continued From page 3</p> <p>Total ordered to be administered from 11/1/18 - 11/30/18 = 32,340 mL</p> <p>Review of MAR from 12/1/18 through 12/16/18: Jevity 1.2 to 75 mL/hr x 14 hours (6pm to 8am) Jevity 1.2 Infused Totals Documented from 12/1/18 - 12/16/18: Day Shift - 1600 mL Evening Shift - 5565 mL Night Shift - 7630 mL Total administered: 14,795 mL Total ordered to be administered from 12/1/18 - 12/16/18 = 16,800 mL</p> <p>Review of progress notes, vital signs (blood pressure, heart rate, temperature) and assessments revealed no change in condition and her vital signs were stable from 11/1/18 through 12/15/18.</p> <p>During an interview with the Dietician on 12/20/18 at 2:03 PM she stated that the resident was NPO, and that her order for her tube feeding and free water flushes would provide 100% of her individual nutritional needs and hydration. Time used to provide care for the resident was already calculated into the required and ordered rate. The goal was for the resident to lose weight, TF was ordered for night time to allow for activities during the day, and her physical exam showed no signs of dehydration in the beginning of November. There were no signs of malnutrition, she was ordered 800 mL plus flushes with meds (250 mL approximately), no swelling, supple skin, her vitals and weights were stable.</p> <p>During an interview with Nurse #1 on 12/27/18 at 11:28 AM and Nurse #2 at 11:45 AM both nurses stated that the totals documented on the MAR</p>	F 693			

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

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F 693	<p>Continued From page 4</p> <p>under the Day, Evening, and Night totals for the Jevity 1.2 were the total amount of Jevity 1.2 infused during each shift, and the most accurate numbers to use for the total daily intake.</p> <p>During an interview with the Administrator on 12/27/18 at 11:46 AM she stated that the totals on the MAR under the Day, Evening, and Night documented the amounts infused at the end of each shift and was the most accurate representation of the total amount the resident received daily.</p> <p>During an interview with the facility's medical director on 12/27/18 at 2:15 PM when asked about the varying intake totals for the tube feeding, he stated that it was his expectation that staff administer the amount ordered and document accordingly.</p>	F 693			