

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/06/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SILAS CREEK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3350 SILAS CREEK PARKWAY</b> <b>WINSTON-SALEM, NC 27103</b>	
(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
E 000	Initial Comments  An unannounced recertification survey was conducted 6/4/19 through 6/6/19. The facility was found in compliance with the requirement CFR 488.73, Emergency Preparedness. Event ID #YLVK11.	E 000		
F 000	INITIAL COMMENTS  An unannounced complaint investigation was conducted in conjunction with a annual recertification survey 6/4/19 through 6/6/19. No deficiencies were cited for the complaint investigation. Event ID # YLVK11.	F 000		
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)  §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and  §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to apply Resident #45's	F 688	R#45 was assessed by nursing staff on 6/6/19, which revealed no negative	6/26/19

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

TITLE

(X6) DATE

Electronically Signed

06/28/2019

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 688	<p>Continued From page 1</p> <p>immobilizer as ordered. This was evident in 1 of 1 resident in the sample with a leg immobilizer. Findings included:</p> <p>Resident #45 was admitted to the facility on 4/30/19 after a hospitalization status post right below the knee amputation (BKA).</p> <p>Review of the discharge summary dated 4/30/19 revealed in part a discharge follow-up action item per the vascular surgeon to keep "knee immobilizer on right leg to prevent contracture."</p> <p>Record review of the admission physician orders dated 4/30/19 included immobilizer to the right BKA every shift.</p> <p>Review of the 5/7/19 admission Minimum Data Set assessment coded the resident as having impaired cognition, no rejection of care and extensive assistance from staff for completion of activities of daily living.</p> <p>Review of the care plan dated 4/30/19 revealed there was no indication of a written care plan for the use of the immobilizer or non-compliance with the use of the immobilizer.</p> <p>Observation on 06/05/19 at 8:50 AM revealed no immobilizer was applied on the right BKA.</p> <p>Observation in the presence of Resident #45 assigned nursing assistant on 6/5/19 at 7:45 AM revealed no immobilizer was applied to the right BKA.</p> <p>Observation on 6/6/19 at 9:15 AM revealed no immobilizer was applied to the right BKA.</p> <p>Observation on 06/06/19 at 9:21 AM of the wound care performed by the wound care nurse</p>	F 688	<p>outcomes from not wearing immobilizer. R#45's vascular physician was notified by the rehab director and was given the order for resident to wear the immobilizer as tolerated. The new order was placed in the EMAR and on the Kardex by the Unit manager and Director of Nursing on 6/6/19.</p> <p>All other resident's with devices that prevent decrease in range of motion/mobility were evaluated by the therapy department on 6/25/19. No other residents were affected by the alleged practice.</p> <p>Root cause analysis was completed by the Interdisciplinary team to determine the cause for the alleged deficient practice of failure to notify the clinician when the resident is refusing to follow physician orders.</p> <p>Based on the root cause the Staff Developer will in-service all licensed nursing and nursing assistants on the policy and procedure on notification to clinician and post op stump care by 6/26/19.</p> <p>The Unit Manger or designee will complete audits weekly for 4 weeks to identify any missed opportunities for placement of devices that prevent decrease in ROM/Mobility until audits are 100% compliant. Audits will them be completed monthly for 3 months until 100% compliant.</p> <p>The results of the audits will be reviewed during QAPI meetings. QAPI committee will identify trends and make recommendations based on audit results.</p>		

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

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F 688	<p>Continued From page 2</p> <p>revealed the immobilizer had not been present prior to the wound care and after the wound care had been completed.</p> <p>Observation on 06/06/19 at 10:46 AM revealed Resident #45 received personal care and no immobilizer was applied.</p> <p>Interview on 06/06/19 at 11:41 AM with Nursing Assistant (NA) #1 revealed she was not aware that Resident #45 required an immobilizer to be applied to her right BKA. NA #1 stated she usually will get a report from the nurse or a senior NA about what care a resident required.</p> <p>Interview on 6/6/19 at 12:00 noon with Nurse #10 (who was familiar with the resident) revealed the immobilizer should have been applied all the time.</p> <p>Interview on 06/06/19 at 5:09 PM with the Administrator stated she expected the physician orders be followed and if an immobilizer was meant to be applied then the staff should apply.</p>	F 688			