

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 943561	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2019
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NAME OF PROVIDER OR SUPPLIER WILKES REGIONAL MEDICAL CTR SN	STREET ADDRESS, CITY, STATE, ZIP CODE 1370 WEST D STREET NORTH WILKESBORO, NC 28659
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(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) COMPLETE DATE
L 006	<p>.2104(C) REQUIREMENTS FOR LICENSE RENEWAL/CHANGE</p> <p>10A-13D.2104 (c) The facility shall notify the Licensure and Certification Section of the Division of Facility Services within one working day following the occurrence of:</p> <p>(1) change in administration; (2) change in the director of nursing; (3) change in facility mailing address or telephone number; (4) changes in magnitude or scope of services; or (5) emergencies or situations requiring relocation of patients to a temporary location away from the facility.</p> <p>This Rule is not met as evidenced by: Based on record review and staff interview the facility failed to notify the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation within one working day following the change of Administrator and Director of Nursing.</p> <p>The findings included:</p> <p>1. Review of the facility's file indicated Administrator #1 was the facility's current Administrator.</p> <p>Upon entrance to the facility on 06/26/19 at 10:00 AM the Night Charge Nurse stated that Administrator #1 had retired in January 2019 and Administrator #2 was the current Administrator.</p> <p>An interview was conducted with the Chief Nursing Officer (CNO) of the facility on 06/27/19 at 1:09 PM. The CNO confirmed that</p>	L 006	<p>2104 © Notification to the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation of the change of Administrator and Director of Nursing was completed on 6/27/2019. A process to ensure the ongoing compliance of .2104 © Requirements for License Renewal/Change was established on 6/28/2019. The management team, including CNO, Nurse Manager, and Charge Nurse developed and were educated on the following process: Upon any management change the Nurse Manager or Charge Nurse will obtain the notification form and inform the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation of the change in leadership within twenty four hours. The CNO will be notified of the completion of the</p>	7/18/19

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Electronically Signed

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L 006	<p>Continued From page 1</p> <p>Administrator #1 had retired on 01/31/19 and Administrator #2 assumed the position of current Administrator on 02/01/19. The CNO stated that the current Administration team was on a "learning curve" and she would be happy to take the responsibility and notify the Division of Health Service Regulation of the change and could not speak to who was responsible but again stated she would be happy to the responsibility and make the correction.</p> <p>Administrator #2 was on vacation and unavailable for interview on 06/26/19 and 06/27/19.</p> <p>2. Review of the facility's file indicated that the Current Director of Nursing (DON) was Nurse #1.</p> <p>Upon entrance to the facility on 06/26/19 at 10:00 AM the Night Charge Nurse stated that Nurse #1 had retired 3-5 years ago, and Nurse #2 served as the Charge Nurse of the facility.</p> <p>An interview was conducted with the Chief Nursing Officer (CNO) of the facility on 06/27/19 at 1:09 PM. The CNO confirmed that Nurse #1 had left the facility 3-5 years ago and Nurse #2 functioned as the current DON at the facility. She explained that Nurse #2's title was charge nurse, but she assumed all the responsibilities of the DON. The CNO stated she would be happy to take the responsibility and notify the Division of Health Service Regulation of the change and could not speak to who was responsible but again stated she would be happy to the responsibility and make the correction.</p> <p>Nurse #2 was on vacation and unavailable for interview on 06/26/19 and 06/27/19.</p>	L 006	notification. A review of leadership will be done by the QAPI team at least quarterly to ensure compliance of notification of leadership changes were done.	

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345386	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/27/2019
NAME OF PROVIDER OR SUPPLIER WILKES REGIONAL MEDICAL CTR SN			STREET ADDRESS, CITY, STATE, ZIP CODE 1370 WEST D STREET NORTH WILKESBORO, NC 28659		
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E 000	Initial Comments A recertification survey was conducted from 06/26/19 to 06/27/19. The facility was in compliance with the requirements of CFR 483.73, Emergency Preparedness, Event ID AOX711	E 000			
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).	F 655		7/25/19	

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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 655	<p>Continued From page 1</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview the facility failed to develop a baseline care plan that included minimum healthcare information to provide effective person-centered care for 1 of 1 resident with an ostomy (Resident #110).</p> <p>The findings included:</p> <p>Resident #110 was admitted to the facility on 06/17/19 with diagnoses that included perforated bowel status post colectomy and colostomy.</p> <p>No Minimum Data Set (MDS) information was available for Resident #110.</p> <p>Review of a physician order dated 06/17/19 read routine ostomy care every 4 hours as needed. Empty and measure drainage every 4 hour and as needed. Change ostomy bag every 4 days and as needed.</p> <p>Review of Resident #110's medical record revealed no baseline care plan for ostomy care on the admission of 06/17/19.</p>	F 655	<p>F655 483.21 On 6/27/2019 a comprehensive plan of care for ostomy care was initiated on Resident #110. Immediate verbal in-servicing was done with the SNF staff on duty 6/27 and 6/28/2019 regarding implementation of a comprehensive plan of care for all residents. A review of current residents was performed on 6/28/2019 to confirm a comprehensive plan of care was implemented with all required elements of the individual patient needs. A process to ensure implementation of a comprehensive plan of care for newly admitted residents was implemented on 6/28/2019. A staff education plan regarding the definition, importance, and process for the comprehensive plan of care for residents will be completed by 7/25/2019. All new resident care plans will be placed on 100% monitoring for the next 90 days to ensure timely completion, and individualization of resident needs, with</p>		

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F 655	<p>Continued From page 2</p> <p>An interview was conducted with the Night Charge Nurse on 06/27/19 at 3:26 PM. The Night Charge Nurse confirmed that she was responsible for initiating baseline care plans when a resident admitted to the facility. She stated that they were currently working with the nursing staff to get the direct care nurses involved with the care planning process but at this time she was responsible for the care plans. The Night Charge Nurse stated that she initiated baseline care plans based on verbal report given and the residents active diagnoses. She added that the omission of the ostomy care plan was an oversight on her part and confirmed that Resident #110 would need an ostomy care plan and she would initiate it.</p> <p>The Day Charge Nurse was on vacation and unavailable for interview on 06/26/19 and 06/27/19.</p> <p>The Administrator was on vacation and unavailable for interview on 06/26/19 and 06/27/19.</p>	F 655	<p>random monitoring occurring thereafter on an ongoing basis. The Care Plan process will be added to the QAPI monitoring plan with data presented at least quarterly to the QAPI team. The Care Plan process will be incorporated into all new staff orientation.</p>		