

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

PRINTED: 02/26/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2020
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-CAROLINA POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705		
(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 000	INITIAL COMMENTS The CI, was conducted on 1/24/20, Event ID: O6PQ11. 3_ of the _3_ complaint allegation(s) were not substantiated F580 was cited.	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §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- (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). (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- (A) A change in room or roommate assignment	F 580		2/21/20	

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

TITLE

(X6) DATE

Electronically Signed

02/14/2020

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 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> <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, staff and Physician interview the facility failed to notify the medical provider of not administered insulin, heart, blood pressure, antibiotic and antipsychotic medications for 1 of 3 sampled residents (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 12/14/19 with diagnoses included acute and chronic respiratory failure, heart failure with pacemaker (implanted devise to control the heartbeat), atherosclerotic heart disease, coronary artery disease, atrial fibrillation (heart condition), diabetes mellitus, acute and chronic respiratory failure, hypertension (high blood pressure), peripheral vascular disease, end stage renal disease with hemodialysis, both legs and right middle finger amputation and bipolar</p>	F 580	<p>PruittHealth Carolina Point acknowledges receipt of the statement of Deficiencies and proposes this plan of correction to the extent that this summary of finding is factually correct and in order to maintain compliance with applicable rules and provision of quality of care for the resident. The plan of correction is submitted as written allegation of compliance.</p> <p>PruittHealth Carolina Point's response to the statement of Deficiencies and the plan of Correction does not denote agreement with the statement of deficiencies nor does it constitute and admission that any deficiency is accurate. Further, Pruitt Health Carolina Point reserves the right to submit documentation to refuse any of the</p>		

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F 580	<p>Continued From page 2</p> <p>disorder. The discharge Minimum Data Set assessment, dated 1/16/19, indicated resident ' s refusal and abusive behavior.</p> <p>Review of baseline care plan, dated 12/14/19, revealed that Resident #1 was refusal and verbally aggressive.</p> <p>Review of physician ' s orders for Resident #1 revealed the orders for 12/15/19 at 9 PM: Carvedilol (heart/blood pressure medication) 12.5 mg (milligram) Clonidine (blood pressure medication) 0.2 mg by mouth Doxycycline (antibiotic) capsule 100 mg by mouth Eliquis (blood thinner) 2.5 mg by mouth Gabapentin (nerve pain medication) 100 mg by mouth Humulin (insulin) 17 units injection Hydralazine (blood pressure medication) 100 mg by mouth Quetiapine (antipsychotic medication) 100 mg by mouth Temazepam (sedative medication) capsule 15 mg by mouth</p> <p>Review of Medication Administration Record for December 2019 revealed that on 12/15/19 at 9 PM, Resident #1 refused blood sugar testing procedure and all scheduled medications.</p> <p>Record review of the nurses ' notes, revealed that in evening of 12/15/19, Resident #1 refused finger stick (blood sugar test) and evening medications. The floor nurse explained the importance of medication regiment and encouraged the resident to take medications. Resident #1 spoke harshly with the nurse and used profanity. He stated that he "did not want the</p>	F 580	<p>stated deficiencies on the statement of Deficiencies through informal dispute resolution, formal appeal procedure, and/or other administrative of legal proceedings.</p> <p>F580</p> <p>Resident #1 was assessed by the nurse and was admitted to Duke Hospital on 12-16-19.</p> <p>Director of Health Services and/or designee completed a 100% audit of all resident medication administration records within the last 30 days on 2/21/2020, if an error was noted the physician was notified immediately.</p> <p>All nurses were in-serviced by Director of Health Services and/or Nurse Supervisor to notify the physician immediately when a resident has refused or missed a medication on 2/21/2020.</p> <p>Director of Health Services, Nurse Supervisor, and/or designee will audit 10 resident's medication administration records to ensure physician was notified if a resident refused or missed medication weekly for twelve weeks.</p> <p>The Director of Health Services will report the results of the audits to the Quality Assurance and Performance Improvement Committee for further review and recommendations monthly for three months, and as needed thereafter.</p>		

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F 580	<p>Continued From page 3 insulin or any other medications".</p> <p>Record review of the nurses ' notes, dated 12/14/19, revealed that per hospital report, Resident #1 had behavior issues and refused to take medications in the hospital.</p> <p>Review of the hospital records, dated 11/19/19 - 12/14/19, revealed that Resident #1 had labile mood with episodes of aggressive behavior. The resident was non-compliance with medications and often refused essential medications/care. On the day of discharge, Resident #1 refused examination.</p> <p>Record review revealed that Resident 1 ' s vital signs on 12/15/19 were within normal limit.</p> <p>Record review of Emergency Pharmacy Service policy, dated 7/15/19, revealed that the provider "will be notified if administration of the medication will be delayed".</p> <p>On 1/24/20 at 10:30 AM, during the phone interview, Nurse #1 indicated that on 12/15/19 at 9 PM, Resident 1 ' s refused finger stick and any medications, including insulin injections, blood pressure, heart medications and oxygen therapy. The nurse explained the importance of the medication regiment, but the resident continued to refuse. Nurse #1 documented resident ' s refusal behavior. The resident was known for refusal behavior, his vital signs were within normal limit during the shift, therefor, the nurse did not notify the physician via phone or communication book.</p> <p>On 1/24/20 at 11:00, during the phone interview, Nurse #2 indicated that she admitted Resident #1 on 12/14/19. At 9 PM, the resident refused his</p>	F 580	<p>The Director of Health Service will be responsible for the implementation of this plan of correction.</p> <p>2/21/20</p>		

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F 580	<p>Continued From page 4</p> <p>medications several times, received few offers for medication administration and finally accepted it. In addition, he refused to receive oxygen therapy on that shift.</p> <p>On 1/24/20 at 1:00 PM, during an interview, the Physician indicated that he was not notified that Resident #1 did not receive his evening medications on 12/15/19. He preferred the staff to notify the physician over the phone, if the resident did not received essential medications.</p> <p>On 1/24/20 at 1:40 PM, during an interview, the Director of Nursing indicated that she expected the staff to notify the physician about the delay in medication administration.</p>	F 580			