

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

PRINTED: 10/15/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345172</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MERIDIAN CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>707 NORTH ELM STREET HIGH POINT, NC 27262</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	
F 000	INITIAL COMMENTS  An unannounced on-site complaint and revisit survey was conducted on 9-16-20. Event ID# 49PU11  33 of the 33 complaint allegations were not substantiated.	F 000			
F 842 SS=D	The facility remains out of compliance at F600. Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law;	F 842		10/7/20	

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

TITLE

(X6) DATE

Electronically Signed

10/02/2020

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 842	<p>Continued From page 1</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>Based on observations, record review, staff interview and resident interview, the facility failed to maintain an accurate medical record regarding a resident's edema treatment for 1 of 3 sampled residents (Resident #4) reviewed for wound care.</p> <p>Findings included</p> <p>Resident #4 was admitted to the facility on 10-16-12 with multiple diagnosis that included chronic respiratory failure, chronic obstructive pulmonary disease and heart failure.</p> <p>A physician order dated 7-23-20 revealed an order for Resident #4 to have TED hose (compression stockings) placed on the resident's bilateral lower extremities in the morning and removed at bedtime.</p> <p>The annual Minimum Data Set (MDS) dated 8-5-20 revealed Resident #4 was cognitively intact and rejected care 1-3 days.</p> <p>Resident #4's care plan dated 8-25-20 revealed goals and interventions for activities of daily living that included staff monitor the resident for edema in his bilateral lower extremities.</p> <p>Resident #4's Treatment Administration Record (TAR) was reviewed and revealed from 9-1-20 to 9-9-20 the resident had refused to have the TED hose placed on his bilateral lower extremities in the morning. The TAR also revealed Resident #4's TED hose was being removed at bedtime.</p> <p>Resident #4 was interviewed on 9-10-20 at 12:05pm. The resident stated, "I used to wear them, but I have not had them on for a while." He also said he did not believe he needed to have</p>	F 842	<p>1) Resident #4 was asked on 9/17/20 if he would wear the Ted Hose, resident refused to wear them. Physician contacted and order received to discontinue the TED hose for Resident #4.</p> <p>2) An audit was completed by the Center Nurse Executive and Unit Managers on all residents with current orders for TED Hose to ensure that they are being applied and removed per order and that documentation was accurate. Audit was completed on 10/01/20. Any discrepancies were corrected immediately.</p> <p>3) Licensed Staff, including FT, PT, PRN and Agency staff, and all new hires were educated by the Center Nurse Executive and /or The Nurse Practice Educator regarding maintaining an accurate medical record, to include only signing off the Treatment Administration Record for items that were actually completed by the licensed nurse responsible. In service began on 10/2/20 and will be completed on 10/6/20.</p> <p>4) Unit Managers will audit treatment administration records (TARs) for the application of TED hose 5x week for 4 weeks, then weekly thereafter to ensure that the treatments are carried out as ordered and that the documentation on the TARs is accurate. All findings will be brought to the Quality Assurance and Performance Improvement Committee monthly with the QAPI committee</p>	

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F 842	<p>Continued From page 3</p> <p>the TED hose on as he stated he did not have any swelling in his legs.</p> <p>An observation of Resident #4 occurred on 9-10-20 at 12:05pm. The observation revealed Resident #4 did not have any swelling in his legs or feet.</p> <p>Nurse #1 was interviewed on 9-10-20 at 2:43pm. The nurse stated she had attempted to place the residents TED hose on him, but the resident refused. She also commented the resident often refused his TED hose and that she had not seen any edema present in Resident #4's bilateral extremities.</p> <p>During an interview with Nurse #2 on 9-14-20 at 9:54am by telephone, the nurse confirmed she was assigned Resident #4 on the evening shift several times from 9-1-20 to 9-9-20. She also confirmed she had documented the removal of Resident #4's TED hose at bedtime. Nurse #2 stated the nursing assistants removed TED hose from the residents and she had "just assumed" the nursing assistants had removed them from Resident #4. She also said she was not aware Resident #4 did not have his TED hose on when she performed her initial assessment of the resident at the start of her shift.</p> <p>The Director of Nursing (DON) was interviewed on 9-16-20 at 1:30pm. The DON discussed the facility having processes in place to monitor treatments and medication administration, so she was not sure how Resident #4's treatment documentation was missed.</p>	F 842	responsible for ongoing compliance.		