

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

PRINTED: 07/06/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILSON REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1705 SOUTH TARBORO STREET</b> <b>WILSON, NC 27893</b>		
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E 000	Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 06/02/2022. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 7KKV11.	E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 06/02/2022. Event ID # 7KKV11 Intake #'s NC00189156, NC00188924, NC00188896, NC00184150, NC00183665, NC00182235	F 000			
F 684 SS=D	Two of the fourteen complaint allegations were substantiated resulting a deficiency.  Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and physician interview the facility failed to acknowledge, clarify or implement physician orders after a physician consult for one (Resident # 3) of three residents reviewed for professional standards of practice. Findings included:	F 684	F-684  This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an	6/13/22	

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

TITLE

(X6) DATE

Electronically Signed

06/13/2022

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 684	<p>Continued From page 1</p> <p>Resident #3 had multiple diagnoses some of which included dementia, deep vein thrombosis, and hemorrhoids.</p> <p>Documentation on the most recent annual Minimum Data Set assessment dated 5/22/2022 coded Resident #3 as having moderately impaired cognition, always incontinent of bladder, and frequently incontinent of bowel. The documentation on the same assessment revealed Resident #3 received anticoagulants (blood thinner) for 7 days of the assessment period.</p> <p>Documentation on the care plan dated as last reviewed on 5/17/2022 had a focus area for Resident #3's use of the anticoagulant Eliquis due to a diagnosis of deep vein thrombosis. One of the interventions was to monitor/document/report as needed any adverse reactions from the anticoagulant therapy such as blood tinged or red blood in urine, black tarry stools, or bright red blood in stools. Additional documentation on the same care plan for Resident #3 had a focus area for the potential for pain relative to gastroenteritis, colitis, and hemorrhoids. One of the interventions was to observe for bleeding with hemorrhoids and notify the physician.</p> <p>Resident #3 had a current physician's order dated 4/25/2022 for a 5 milligram Eliquis tablet to be administered as one tablet two times a day for deep vein thrombosis. A part of the same physician's order was to monitor for bleeding. Resident #3 did not have any current physician orders for the treatment of hemorrhoids.</p> <p>Documentation in the nursing notes for 4/30/2022</p>	F 684	<p>admission or agreement by the provider of the truth of the facts or alleged, or the correctness of the conclusions set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of the requirement under state and federal law and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.</p> <p>Root cause: The Medical records person took the consult, scanned it in PCC then filed it in the chart, before nursing or the MD reviewed the consult.</p> <p>For affected resident(s): Resident #3 had a complete review of the GI consult dated 5/19/22 by the Medical Director. Treatment was ordered for hemorrhoids to be routinely administered and a CBC is ordered for 6/14/22. Follow up G.I. appointment is scheduled for 6/22/22.</p> <p>For other residents with the potential to be affected: All residents have the potential to be affected by the alleged non-compliance and as a result, the systemic changes stated below have been put into place to prevent any risk of affecting additional residents.</p> <p>Facility plan to prevent re-occurrence: 1. The Director of Nursing or designee will in-service for all the nursing staff, Medical Records, and the Medical Director on the new procedure for</p>		

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F 684	<p>Continued From page 2</p> <p>at 7:12 AM revealed the physician for Resident #3 (MD #1) was contacted and informed Resident #3 was having rectal bleeding. The nursing note documentation revealed MD #1 informed the nurse that if the bleeding persisted to contact him. Documentation in the nursing notes for 5/10/2022 at 2:30 PM revealed MD #1 visited Resident #3 due to rectal bleeding and gave physician orders for a gastrointestinal consult for hemorrhoids/gastrointestinal bleed.</p> <p>Review of the electronic medical record and the paper medical record revealed a hand-written progress note from a gastrointestinal consult for Resident #3 dated 5/19/2022. The hand-written progress note was reviewed with the day nursing unit supervisor to confirm what the gastrointestinal consult note stated.</p> <p>An interview was conducted with the day nursing unit supervisor on 6/2/2022 at 12:25 PM. The 5/19/2022 gastrointestinal consult progress note for Resident #3 was reviewed and read with the unit supervisor. The unit supervisor acknowledged the gastrointestinal consult progress note was difficult to read but agreed the note had orders for a complete blood count (CBC) weekly, an unknown medication to be administered as 25 milligrams twice a day, requested for a reconsideration of the use of the medication Eliquis if persistent bleeding continued, the bleeding source was likely hemorrhoids, and to follow up in a month. The unit supervisor stated she was new to the position of day unit supervisor and she was not familiar with Resident #3, but she would obtain more information.</p> <p>An additional interview was conducted with the</p>	F 684	<p>receiving consults after an appointment.</p> <p>2. The new process will entail that only the nurse will initially receive the consult when a resident returns, they will call the MD to inform him of any recommendations, carry out any orders and document those orders on the consult report. Then the nurse will sign their first name initial and full last name, date, and MD aware on the consult.</p> <p>3. Then the nurse will place the consult in the MD folder for his signature.</p> <p>4. After the MD reviews and initials the consult report, then the MD will place the consult in the Medical Records folder to be scanned and filed.</p> <p>Facility plan to monitor its performance to make sure that solutions are sustained: The Director of Nursing, Supervisors and/or designee will monitor all incoming consults for the new procedure compliance and discussed in the daily clinical meeting.</p> <p>An audit sheet will be done by the DON or designee to monitor and ensure that all residents with a consult appointment is reviewed by staff and MD.</p> <p>This monitoring process will take place daily (M-F) for 4 weeks, then weekly x 2 weeks, then monthly x 2 months.</p> <p>The facility alleges compliance on 6/17/22.</p>		

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F 684	<p>Continued From page 3</p> <p>day nursing unit supervisor on 6/2/2022 at 1:02 PM. The unit supervisor stated that as far as she could tell the physician orders from the gastrointestinal consult dated 5/19/2022 for Resident #3 had not been addressed but were scanned into the electronic medical record when Resident #3 came back from the gastrointestinal consult. The unit supervisor acknowledged there was no indication clarification of the orders was sought from the gastrointestinal consulting physician or the facility physician (MD #1) for Resident #3 and the orders were not transcribed or followed. The unit supervisor stated a medication aide was working on the hallway for which Resident #3 resided and therefore another nurse from another hall would have had to address the orders when Resident #3 came back from the consult.</p> <p>An interview was conducted with the Director of Nursing (DON) on 6/2/2022 at 1:19 PM. The DON stated it was her impression that the gastrointestinal consult progress note dated 5/19/2022 for Resident #3 was scanned into the electronic medical record and the then filed in the paper chart without having the orders clarified or implemented. The DON stated she would have to make sure the medical records were addressed by the nursing staff and the physician before they were scanned into the medical record and filed in the chart.</p> <p>An interview was conducted with the Medical Director/Physician (MD #1) for Resident #3 on 6/2/2022 at 1:41 PM. MD #1 stated he came to the facility every Tuesday and reviewed laboratory reports or anything that had been flagged for him to review in the paper charts of the residents in the facility. MD #1 stated it was his policy to initial</p>	F 684			

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F 684	<p>Continued From page 4</p> <p>the reports or consults he has reviewed or to write new orders showing he had addressed the concern. MD #1 further stated he expected the nursing staff to call him for clarification if new orders came from a consulting physician. MD #1 stated he could not say for sure if he had received a phone call from the nursing staff or had seen the gastrointestinal consult progress note for Resident #3 but that he usually did initial on the note if he had seen it. During the interview MD #1 found and reviewed the gastrointestinal consult for Resident #3 in the electronic medical record. MD #1 revealed he would have had to consider the risks versus the benefits of discontinuing the medication Eliquis for Resident #3. He further revealed Resident #3 was "probably" already on a hemorrhoid cream after he identified the medication "Hydrocortisone" as the ordered medication on the consult form that was previously unidentifiable by the day nursing unit supervisor. MD #1 indicated he tried to avoid unnecessary orders. MD #1 also stated he did not think a weekly CBC for Resident #3 was necessarily needed.</p> <p>The medical records staff member was interviewed on 6/2/2022 at 3:21 PM. The medical record staff member revealed she obtained the gastrointestinal consult progress note for Resident #3 out of a box the nursing staff put documentation to be scanned and filed after physician orders have been obtained. The medical records staff member acknowledged the gastrointestinal consult progress note for Resident #3 found in the paper chart was stamped with a label that said "scanned" and had her initials on it. The medical record staff person acknowledged the initials of MD #1 were not on the consult progress note. The medical records</p>	F 684			

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F 684	Continued From page 5 staff member revealed that often the nursing staff put items to be scanned in her box that have not yet been addressed and physician orders often still needed to be put into the electronic record. The medical records staff member stated she often took it upon herself to check behind the nurses and let them know they needed to put orders into the electronic records prior to her scanning the documentation.	F 684			
F 882 SS=D	<p>Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)(c)</p> <p>§483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must:</p> <p>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control.</p> <p>§483.80 (c) IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.</p>	F 882		6/13/22	

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F 882	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews, the facility failed to designate a qualified Infection Control Preventionist (IP), who had completed specialized training in infection prevention and control, to be responsible for the facility's Infection Control and Prevention program. This failure occurred during the COVID-19 pandemic.</p> <p>Findings Included:</p> <p>An interview with the Director of Nursing (DON) on 06/02/2022 at 10:58 am revealed she was the acting IP for the facility since taking the DON position on April 7, 2022. The DON stated she had not been trained in a specialized infection control program or training as required to be the Infection Control Preventionist.</p> <p>An interview with the Administrator on 06/02/2022 at 11:34 am revealed he was aware that the IP position was vacant, and the Director of Nursing had not received specialized training as required for the IP and stated there was no one at the facility that had the specialized training for the infection control program. He continued by stating the facility was recruiting for the position of IP since it became vacant in February 2022.</p> <p>An interview with the Medical Director on 06/02/2022 at 1:57 pm revealed he knew about the Infection Preventionist vacancy at the facility. He stated it was his understanding that the DON and the Administrator would split the duties of the IP until the position was filled. He continued by stating he was not aware the acting DON was not trained to fill in as the infection preventionist.</p>	F 882	<p>F- 882</p> <p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged, or the correctness of the conclusions set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of the requirement under state and federal law and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.</p> <p>Root Cause: The root cause for non-compliance was that the IP Nurse position was vacant at the time of this visit.</p> <p>For affected resident(s): All residents at the facility can be affected.</p> <p>For other residents with the potential to be affected: All the residents who reside in the facility has the potential to be affected by this deficient practice.</p> <p>Measures put into place/System changes: The Director of Nursing hired an RN, IP nurse with a start date of 6/13/22. This RN will be attending the next SPICE training course in November 2022. The Director of Nursing will also register the supervisor to attend the SPICE</p>		

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F 882	Continued From page 7	F 882	<p>training as a backup in November 2022.</p> <p>How the corrective actions will be monitored: The Director of Nursing and Administrator will ensure that there is a SPICE certified IP nurse always in place. Director of Nursing will keep the IP Nurses and supervisor's SPICE certification copy accessible in our records. The IP nurse will attend the QA meetings. Director of Nursing will receive monthly IC reports, with tracking, trending, and evaluating the infections in our facility.</p> <p>Date of compliance for the IP Nurse is on 6/13/22.</p>	