

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

PRINTED: 01/04/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345336	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/15/2022
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF ROANOKE RAPIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870
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F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 12/12/2022 through 12/15/2022. Event ID# RF2311. The following intake was investigated NC00195593. 1 of the 2 complaint allegations was substantiated resulting in a deficiency.	F 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	F 655		12/27/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/22/2022
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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>(b) of this section (excepting paragraph (b)(2)(i) of this section).</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> <ul style="list-style-type: none"> (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview the facility failed to complete a baseline care plan within 48 hours of admission for 1 or 3 residents (Resident #1) reviewed for professional standards.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 11/18/2022 with diagnoses to include fractured femur, hypertension, and osteoporosis.</p> <p>Resident #1's Minimum Data Set (MDS) assessment, dated 11/25/2022 revealed severe cognitive impairment and required extensive to total staff assistance for activities of daily living. The resident had a surgical wound.</p> <p>No admission care plan was found in Resident #1's medical record.</p> <p>On 12/12/2022 at 1:45 PM, an interview was</p>	F 655	<p>F-655 Date of compliance 12/27/2022</p> <p>Corrective Action taken for those residents alleged to have been affected by the deficient practice are:</p> <p>Resident # 1 Discharged from facility 11.29.2022</p> <p>Actions taken to identify other residents that may have been affected by the deficient practice are:</p> <p>All newly admitted residents from December 1st – December 20th, 2022 will be reviewed for the development of a baseline care plan. The review will be completed by Director of Nursing, Assistant Director of Nursing, MDS Coordinator (MDSC), and/or Signature Care Consultant by 12/21/2022. Any noted deficient practice will be corrected. Education: MDSC and Licensed nurses will be educated by the Administrator,</p>		

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F 655	<p>Continued From page 2</p> <p>conducted with nurse #1 who stated she admitted Resident #1, but she was not used to admitting residents and she had asked the help of another nurse. The nurse stated she did not start an admission baseline care plan and assumed another nurse would do it.</p> <p>On 12/12/2022 at 3:54 PM, an interview was conducted with the Director of Nursing (DON). The DON stated she expected the MDS nurse to complete the admission care plan, but the admission nurse should have started it.</p> <p>On 12/12/2022 at 4:36 PM, an interview was conducted with the MDS nurse who stated she usually wrote the admission care plans when residents were admitted, but she was out for two weeks when Resident #1 was admitted. The MDS nurse stated a corporate nurse completed some of her duties while she was gone, but not all.</p> <p>On 12/12/2022 at 4:50 PM, an interview with the corporate consultant stated a procedure was in place to make sure the admission care plans were completed because new resident admissions were discussed at the morning meeting, however Resident #1 was missed.</p>	F 655	<p>DON, ADON, and/or Signature Care Consultant (SCC) on developing a baseline care plan within 48 hours of resident admission. This education will be completed 12/23/2022. Any employee not available in person or via telephone will receive training prior to working. Any new MDSC and any new Licensed Nurses hired will be educated on this during their orientation / onboarding.</p> <p>The measures the facility will take to ensure the problem will be corrected and will not reoccur: It is the responsibility of the MDS coordinator to ensure an accurate and correct assessment of the Base line Care Plan is in place. As a measure of compliance, the IDT team will review new admission baseline care plans, and change if needed in morning clinical whiteboard meeting. The Administrator, Director of Nursing (DON), and/or Assistant Director of Nursing (ADON) will conduct a random audit of five (5) newly admitted residents weekly for four (4) consecutive weeks to ensure the development of the resident's baseline care plan, then decrease to (2) newly admitted residents weekly for 2 weeks, then (1) newly admitted resident weekly for 2 weeks.</p> <p>Quality Assurance plan to monitor facility performance to make sure corrections are achieved: The findings of this audit will be presented to the Quality Assessment and Assurance Committee (QAPI) consisting of the</p>		

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F 655	Continued From page 3	F 655	Administrator, DON, Medical Director, and at least 3 other members at least quarterly. The administrator is responsible for ensuring this plan of correction is implemented.		
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 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 and physician and staff interviews, the facility failed to inform the surgeon of the status of a surgical wound and obtain an order for dressing changes to the surgical wound for 1 of 3 residents (Resident #1) reviewed for professional standards.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 11/18/2022 with diagnoses to include fractured femur with surgical repair on 11/10/2022. The resident was discharged to the hospital on 11/29/2022 and was found to have a contaminated open wound.</p> <p>Hospital discharge instructions dated 11/18/2022, included return office visits for Resident #1, but</p>	F 684	<p>F-684 Date of compliance 12/27/2022 Corrective Action taken for those residents alleged to have been affected by the deficient practice are: Resident # 1 Discharged from facility 11.29.2022 Actions taken to identify other residents that may have been affected by the deficient practice are: Residents' progress notes will be reviewed from December 1st – December 20th, 2022 to ensure notification to the physician for any change in condition that may need the treatment altered. The review will be completed by the Director of Nursing (DON), Assistant Director of Nursing (ADON), MDS Coordinator</p>	12/27/22	

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F 684	<p>Continued From page 4</p> <p>did not include orders for wound care or dressing changes.</p> <p>A review of the admission progress note dated 11/18/2022 at 13:40, by Nurse #1 revealed Resident #1's left hip dressing was saturated with blood.</p> <p>A review of the following progress note dated 11/18/2022 at 17:27 by Nurse #1 revealed the resident was found lying on the floor. The dressing had been pulled off and there was a small amount of bleeding at incision. The dressing was reapplied, and a message had been left for the physician.</p> <p>A review of a progress note dated 11/18/2022 at 18:52 by Nurse #1 revealed the dressing was dry to the left femur. There was no description of the wound included in the note.</p> <p>A review of a progress note dated 11/20/2022, by Nurse #2 revealed the left hip incision site was draining blood-tinged fluid. The site was cleansed, and a new bandage was applied. Resident #1 denied pain.</p> <p>A review of a progress note dated 11/21/2022 by Nurse #2 revealed Resident #1 continued to remove clothing and the wound dressing. There were no signs and symptoms of pain. There was no description of the wound included in the note.</p> <p>A review of a progress note dated 11/23/2022 by Nurse #2 revealed the left hip showed no signs or symptoms of infection. There were no complaints of pain or discomfort. There was no further description of the wound or dressing in the note.</p>	F 684	<p>(MDSC), and/or Signature Care Consultant by 12/23/2022. For any noted deficient practice, the physician will be notified.</p> <p>Education: Licensed nurses will be educated by the Administrator, DON, ADON, and/or Signature Care Consultant (SCC) on Notification to the Physician/Provider with a resident change in condition that may warrant the provider to alter treatment. This education will be completed by 12/23/2022. Any employee not available in person or via telephone will receive training prior to working. Any new Licensed Nurses hired will be educated on this during their orientation / onboarding.</p> <p>The measures the facility will take to ensure the problem will be corrected and will not reoccur: It is the responsibility of the charge nurse on duty to ensure notification was communicated on any Resident Change of Condition to the physician.</p> <p>As a measure of ongoing compliance, the Director of Nursing or Assistant Director of Nursing will audit resident progress notes during the clinical whiteboard meeting for any identified change in condition that needs physician notification. The review will be conducted on five (5) residents' medical records, weekly for four (4) weeks, bi-weekly for two (2) weeks, monthly for four (4) months it ensures physician notification for change in condition.</p>		

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F 684	<p>Continued From page 5</p> <p>A review of a progress note dated 11/24/2022 by Nurse #3 revealed no signs or symptoms of pain or discomfort with resident #1.</p> <p>Resident #1's Minimum Data Set (MDS) assessment, dated 11/25/2022, revealed severe cognitive impairment and the need for extensive to total staff assistance for activities of daily living. The resident had a surgical wound.</p> <p>A review of a progress note dated 11/26/2022 by Nurse #4 revealed the left hip incision was cool to touch, no drainage noted, no redness noted. Resident #1 complained of pain earlier in the shift, but no more pain noted.</p> <p>A review of a progress note dated 11/27/2022 by Nurse #5 revealed Resident #1 complained of some hip pain this shift. A call was placed to the physician and a new order was received for Tylenol. Tylenol was given with positive results and no adverse reaction was noted. No description of the wound was included in the note.</p> <p>A review of a progress note dated 11/28/2022 by Nurse #6 revealed Resident #1 had no complaint of pain. No description of the wound was included in the note.</p> <p>No further description of the dressing or wound was found in the medical record. No treatment record for wound care was found in the medial record. No physician orders for wound care were found in the medical record.</p> <p>On 12/12/2022 at 1:45 PM, an interview was conducted with Nurse #1. The nurse stated when she observed Resident #1's skin on admission she could see the outline of blood under the</p>	F 684	<p>Quality Assurance plan to monitor facility performance to make sure corrections are achieved:</p> <p>The findings of these audits will be presented to the Quality Assessment and Assurance Committee (QAPI) consisting of the Administrator, DON, Medical Director, and at least 3 other members at least quarterly.</p> <p>The administrator is responsible for ensuring this plan of correction is implemented.</p>		

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F 684	<p>Continued From page 6</p> <p>bandage, but it had not soaked through the bandage. A short time after that, the resident tried to get up and was found on the floor with her dressing removed. The nurse stated she left a message to inform the physician, but she did not hear back from the physician prior to the end of her shift.</p> <p>On 12/12/2022 through 12/15/2022 multiple attempts were made to contact Nurse #2 without success.</p> <p>On 12/12/2022 through 12/15/2022 multiple attempts were made to contact Nurse #3 without success.</p> <p>On 12/12/2022 at 12:46 PM, an interview was conducted with Nurse #4. The nurse stated Resident #1 complained of pain to the left leg which was relieved by repositioning. The nurse observed the wound to be closed and without redness. The nurse stated she did not notify the physician because there was no need as she did not observe anything unusual with the wound.</p> <p>On 12/13/2022 at 9:27 AM, an interview was conducted with Nurse #5. The nurse stated Resident #1 was oriented to self only, and she had positioned the resident at the nurse station with her so she could keep an eye on her. The nurse stated Resident #1 had rubbed her hip area and said, "Oh", so she thought the resident was experiencing pain, but could not verbalize that particular concern. The nurse stated she called the physician about the pain, but she did not remember saying anything to the physician about the wound, but there was nothing unusual about the wound that she would have reported. The nurse indicated she replaced the wound with a</p>	F 684			

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F 684	<p>Continued From page 7</p> <p>dry pad after the resident was transferred back to bed and there was a scant amount of clear drainage on the pad with no odors.</p> <p>On 12/13/2022 at 8:57 AM, an interview was conducted with Nurse #6. The nurse stated she could not recall the resident and would only be able to report what was in her note.</p> <p>On 12/13/2022 at 12:19 PM, an interview was conducted with Resident #1's physician. The physician stated he was informed of the status of the wound, but he did not interfere with surgical wounds and told staff to call the surgeon for wound instructions. The physician stated he addressed the pain concerns with Tylenol, but when he was called on 11/29/2022 with concerns of increased pain, he sent Resident #1 out to the hospital because he was concerned about possible infection or dehiscence. The physician stated Resident #1 was very confused and he thought the facility acted appropriately and concluded that the resident's confusion could have contributed to any concerns that the facility should have acted sooner.</p> <p>On 12/15/2022 at 9:32 AM, an interview was conducted with the surgeon. The surgeon stated Resident #1 had a massive decline in mental functioning and situational confusion after surgery to address her fractured hip. The surgeon stated he was not called and informed the wound had been draining, and wound care instructions should have been sent to the facility by the hospitalist. The surgeon stated the resident returned to the hospital on 11/29/2022 with a contaminated open wound, but she was not septic. The surgeon stated he would have liked to see Resident #1 sooner, if he had been</p>	F 684			

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F 684	Continued From page 8 notified, but did not know if that would have made any difference in her outcome. The surgeon stated ultimately Resident #1 did not have the reserves to undergo the trauma of the fracture, surgery, and aftercare.	F 684		