

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

PRINTED: 06/08/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/05/2023
NAME OF PROVIDER OR SUPPLIER PETTIGREW REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1515 W PETTIGREW STREET DURHAM, NC 27705	
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F 000	INITIAL COMMENTS	F 000		
F 686 SS=E	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, resident interview, staff interview, and physician interview the facility failed to 1) assure treatments were provided to a resident's pressure sore and 2) place the resident on a special mattress per the physician's recommendations. This was for one (Resident # 7) of three sampled residents reviewed for pressure sore care. The findings included:</p>	F 686	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	5/23/23

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

TITLE

(X6) DATE

Electronically Signed

05/12/2023

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 686	<p>Continued From page 1</p> <p>1a. Resident # 7 was admitted on 11/17/22 and readmitted on 2/10/22 after a hospitalization. Resident # 7's diagnoses in part included chronic osteomyelitis, chronic wounds, neuromuscular dysfunction with functional paraplegia, and vascular dementia.</p> <p>Resident # 7's significant change Minimum Data Set assessment, dated 2/12/23, coded Resident # 7 as cognitively intact. He was also assessed to need total assistance with his bed mobility and bathing needs. He was further assessed to have two Stage IV pressure sores, which had been present upon admission.</p> <p>Resident # 7's care plan, updated on 2/24/23, included the information that Resident # 7 had been admitted with Stage IV pressure sores to his left hip and his sacrum. This had originally been added to his care plan on 11/17/22 and remained part of his current care plan. The care plan also noted Resident # 7 was noncompliant with turning and repositioning. Care plan interventions included directions to provide treatments as ordered.</p> <p>Orders for the left hip included the following. From 3/16/23 to 4/3/23 the left hip pressure sore was to be cleansed with saline or wound cleanser; patted dry; skin prep applied to the peri wound; the wound bed was to be lightly packed with Mesalt; and a foam dressing applied. From 4/4/21 to 4/21/23 the orders remained the same, with the addition of also adding collagen powder to the wound bed with the Mesalt.</p> <p>Orders for the sacrum included the following. From 3/16/23 to 4/21/23 the sacrum pressure sore was to be cleansed with normal saline or</p>	F 686	<p>F483.25(b) Skin Integrity F483.25(b)(1) Pressure ulcers.</p> <p>1. A skin evaluation for Resident #7 was completed by the Wound Nurse on 5/1/23.</p> <p>Treatment orders were initiated by the Wound Nurse on 5/1/23.</p> <p>On 5/5/23, an air mattress was placed on Resident #7 per Wound MD recommendation.</p> <p>2. Current residents with pressure wounds were evaluated by the Wound MD on 5/4/23. Treatment orders were reviewed and verified by the Licensed Nurse (LN) on 5/4/23.</p> <p>By 5/23/23, current residents with non-pressure wounds will be evaluated by the Unit Manager (UM) and/or Director of Nursing (DON). Treatment orders were reviewed and verified by the UM and/or DON.</p> <p>By 5/23/23, wound MD reports were reviewed for current residents by the DON and/or UM with wounds to ensure any recommended wound prevention devices (i.e., air mattresses) were implemented.</p> <p>3. System Change: Newly admitted residents will have new admission physician orders verified for accuracy in the resident electronic medical record with another Licensed Nurse. Verification will be noted on the discharge summary form</p>		

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F 686	<p>Continued From page 2</p> <p>wound cleanser; skin prep applied to the peri wound; the wound was to be allowed to dry; collagen with silver was then to be applied to the wound bed followed by silver alginate; and the wound was then to be covered with a dry dressing.</p> <p>Review of the facility record revealed Resident # 7 was again hospitalized from 4/21/23 to 4/28/23 for reasons not related to his pressure sore.</p> <p>Upon hospital discharge on 4/28/23, notations in the hospital discharge summary noted Resident # 7 continued to have chronic pressure sore wounds to his sacrum and left hip which required care.</p> <p>According to facility records, Resident # 7 was readmitted to the facility on 4/28/23. There were no orders for the care of his pressure sores from 4/28/23 until 5/1/23.</p> <p>On 5/1/23 the following orders were obtained. The left hip was to be cleansed with normal saline or wound cleanser; 0.5% Dakins moistened guaze was to be applied to the wound bed; and the wound was to be covered with a dry foam dressing. The sacrum was to be cleansed with normal saline or wound cleanser, and patted dry. Then wound collagen with silver was to be applied to the wound bed followed by a dry foam dressing.</p> <p>Resident # 7's treatment administration records (TARs) for April and May, 2023 were reviewed. The left hip and sacrum dressing changes were scheduled on the TARs to be completed by the day shift nurse. There was documentation Resident #7 received treatment for his sacral and</p>	F 686	<p>by both Licensed Nurses.</p> <p>By 5/23/23, Licensed Nurses will be educated by the Director of Nursing and/or Unit Manager on the system change to include physician order verification with another Licensed Nurse. Additionally, education will include ensuring treatment orders are implemented for new admissions with wounds and/or residents with newly acquired wounds in the facility.</p> <p>By 5/23/23, Licensed Nurses will be educated by the Director of Nursing and/or Unit Manager on ensuring treatments are performed per MD order and documented in the resident medical record. If the Licensed Nurse is unable to perform wound care treatments as ordered, the Licensed Nurse must contact the Director of Nursing or Unit Manager for further guidance.</p> <p>By 5/23/23, Licensed Nurses will be educated by the Director of Nursing and/or Unit Manager on ensuring any wound care prevention recommendation from the MD are implemented (to include low air loss mattresses – as ordered).</p> <p>4. New admission orders will be reviewed by Nursing Management to confirm accuracy and validation of accuracy for new orders was conducted with a second Licensed Nurse. This review will be conducted daily for (4) weeks then weekly</p>		

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F 686	<p>Continued From page 3</p> <p>hip pressure sore one day in April. This was on 4/11/23 when Nurse # 1 signed she performed the dressing change. There were no documented dressing changes for May 2023.</p> <p>On 5/4/23 at 10:06 AM Resident # 7 was interviewed and reported the following. He had been having trouble getting his pressure sore dressings changed. He had missed multiple days. It was most problematic on the weekends.</p> <p>On 5/4/23 at 4:45 PM the Administrator was interviewed, and it was brought to her attention that Resident # 7's digital TARs were mostly blank for April and May 2023. The Administrator stated she would look into it and see if the staff were using alternate documentation to the digital TAR.</p> <p>On 5/5/23 at 10:32 AM the Administrator and the Director of Nursing (DON) were interviewed and reported the following. Nurse # 2 worked as the wound nurse Monday through Friday. They had spoken to Nurse # 2 (Wound Nurse) the previous evening of 5/4/23, and she had indicated she had done the dressing changes when she worked but not documented them. After they talked to her on 5/4/23, Nurse # 2 had gone back on the TAR and filled in all the blanks for April and May, 2023 on the days she had worked. She had also been working on the day when Resident # 7 was readmitted to the facility on 4/28/23, and it had been her responsibility to obtain and initiate orders for his pressure sores on that date. She had not obtained the orders until 5/1/23, and Nurse # 2 had not had any reason for the delay in obtaining orders when they talked to her on 5/4/23.</p>	F 686	<p>for (8) weeks or until a pattern of compliance is established.</p> <p>Nursing Management will audit medication/treatment audit report to ensure treatments are completed and documented as per MD order. These audits will be conducted daily (including weekends) for 30 days then weekly for 8 weeks.</p> <p>Weekly, Nursing Management will review Wound MD recommendations to ensure that all recommendations are implemented. This review will be conducted weekly for 12 weeks.</p> <p>The results of the audit will be brought through the QA monthly meeting for a minimum of 3 months or until substantial compliance is met. The QA Committee has the authority to amend this POC to ensure substantial compliance is maintained.</p>		

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F 686	<p>Continued From page 4</p> <p>An attempt to interview Nurse # 2 (the facility's wound nurse) was made on 5/5/23 at 1:20 PM and she could not be reached for interview.</p> <p>On 5/5/23 at 11:15 AM the DON provided a list of Nurses who had been responsible for the dressing changes for the April and May, 2023 weekends.</p> <p>Nurse # 1 was responsible for the ordered dressing changes on 4/1/23; 4/2/23; 4/15/23; 4/16/23. Nurse # 3 was responsible for 4/8/23 and 4/9/23.</p> <p>Nurse # 1 was interviewed on 5/5/23 at 10:10 AM and again on 5/5/23 at 12:00 PM. Nurse # 1 stated she had also been the nurse who cared for Resident # 7 on the weekend of 4/29/23 and 4/30/23. Nurse # 1 reported the following about the April weekends she worked. She had not done Resident # 7's dressing changes. The dressing changes prior to Resident # 7's discharge on 4/21/23 had been assigned to day shift, and she had not had the time to do them. She stayed over after her shift ended as long as possible so she could complete tasks, but due to personal responsibilities had to leave before doing the dressing changes. On the weekend of 4/29/23 and 4/30/23 there had been no orders for the pressure sore dressing changes, and she did not have access to the 4/28/23 hospital discharge summary to know what to do. In addition, she had time constraints. On 4/28/23 she had the additional responsibility of sending a resident out. There was no supervisor on the weekend to report she needed help and she had not called the DON to ask for help.</p> <p>Nurse # 3 was interviewed on 5/5/23 at 11:40 AM</p>	F 686			

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F 686	<p>Continued From page 5</p> <p>and reported the following. She had 30 to 33 residents for whom to care on the weekends and the dressing changes could take approximately 20 minutes. If she had not documented the dressing change, then she had not done them because of time constraints.</p> <p>Interview with the DON and Administrator on 5/5/23 at 12:40 PM revealed the following. The nurses had not called her on the weekends to let her know that they could not do the dressing changes for Resident # 7. If they had done so, she would have come in to help or worked to allocate staff.</p> <p>The facility's wound physician was interviewed on 5/5/23 at 2:00 PM and reported the following. Resident # 7's pressure sores were chronic in nature. Although it was "not ideal" and "did not benefit" the resident to have missed dressing changes, the Wound Physician did not feel as if Resident # 7 had been harmed by the missed dressing changes. He also reported that Resident # 7 was noncompliant with turning.</p> <p>1b. Review of Resident # 7's Wound Physician notes revealed the following. On a note, dated 2/16/23, the Wound Physician had recommended Resident # 7 be placed on a "Group-2 mattress." Wound Physician notes, dated 5/4/23, noted a "Group-2 mattress" was continued to be recommended and had been ordered.</p> <p>On 5/4/23 at 10:06 AM and 5/5/23 at 9:40 AM Resident # 7 was observed on a regular facility mattress.</p> <p>Interview with the Wound Physician on 5/5/23 at 2:00 PM revealed a Group 2 mattress came in</p>	F 686			

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F 686	<p>Continued From page 6</p> <p>varying styles and provided air flow beneath the resident. Some were overlays and some came as an entire bed system. He had been persistent in recommending the mattress and it was his understanding that the facility was trying to acquire additional Group 2 mattresses.</p> <p>An attempt to interview Nurse # 2 (the facility's wound nurse) was made on 5/5/23 at 1:20 PM and she could not be reached for interview.</p> <p>Interview with the DON on 5/5/23 at 2:45 PM revealed all the facility mattresses had some degree of pressure relief mechanism built into them, and if something further was needed, the supply clerk could order any type of specialty mattress.</p> <p>The facility's supply clerk was interviewed on 5/5/23 at 2:55 PM and reported the following. She had air mattresses, which the facility rented in her supply room, but she did not know Resident #7 needed one. The treatment nurse had previously asked her to purchase air mattresses rather than use the rented ones. It was her understanding that the rented air mattresses provided the same pressure relief as the ones the treatment nurse wanted purchased. She was told to order the new mattresses for all the residents who had been on rented air mattresses, and Resident #7 had not been on a rented air mattress. Therefore, she did not know he needed any type of air mattress, or she would have made sure he had one.</p> <p>On 5/5/23 at 9:40 AM Resident # 7's pressure sores were observed as Nurse # 1 provided care to them. The pressure sores appeared to have predominantly red, healthy tissue.</p>	F 686			