

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

PRINTED: 12/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/15/2023
NAME OF PROVIDER OR SUPPLIER GOLDSBORO REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534		
(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 A complaint investigation survey was conducted from 11/14/2023 through 11/15/2023. Event ID# VXGG11. The following intakes were investigated NC00207709, NC00208373, NC00208661 and NC00209524. 12 of the 12 complaint allegations did not result in deficiency.	F 000			
F 684 SS=D	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 and staff interviews the facility failed to follow physician orders regarding placement of Lidocaine external patch, a local anesthetic, for 1 of 5 residents (Resident #1) reviewed for physician order implementation. Findings include: Resident #1 was admitted into the facility on 10/6/2023 with diagnoses including generalized muscle weakness and other abnormalities of gait and ability and discharged on 10/30/23. Resident #1's admission Minimum Data Set dated 10/13/2023 revealed that she was cognitively intact, denied any pain in the last 5	F 684	Element #1 Per the 2567, the facility failed to follow physician orders regarding placement of Lidocaine external patch, a local anesthetic, for 1 of 5 residents (Resident #1) reviewed for physician order implementation. Element #2 All residents have the potential to be affected by the deficient practice if they have been prescribed Lidocaine external patches. 100% audit completed to ensure	11/30/23	

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

TITLE

(X6) DATE

Electronically Signed

11/28/2023

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 684	<p>Continued From page 1</p> <p>days, and was frequently incontinent of bowel and bladder. She required supervision or touching assistance with toileting hygiene, personal hygiene, partial/moderate assistance with shower/bathing, lower body dressing, putting on/taking off footwear, rolling left and right, sit to laying, lying to sitting on the side of the bed, and tub/shower transfers. Substantial to maximal assist with sit to stand, and chair/bed-to-chair transfer.</p> <p>A review of Resident #1's physician orders dated 10/9/2023 included Lidocaine external patch 4% apply to lower back topically one time a day for pain and remove at bedtime. This order was scheduled for 9 AM on the Medication Administration Record (MAR) with the time changed to 6:00 AM on 10/21/23.</p> <p>A review of Resident #1's Physical Therapy evaluation dated 10/8/2023 noted that Resident #1 had pain that interfered/limited her functional activity.</p> <p>Resident #1's MAR revealed on 10/24/23 the Lidocaine patch was not applied to Resident #1's lower back as ordered by the marking of the number 9 in the box indicating other/see progress note.</p> <p>Resident #1's progress note dated 10/24/23 did not contain any information related to why the Lidocaine patch was not marked as applied.</p> <p>A phone interview conducted on 11/14/23 with Nurse #1 at 1:30 PM revealed that she could not remember why the patch had not been applied.</p> <p>An interview with the Administrator on 11/14/23 at</p>	F 684	<p>any resident with an order for Lidoderm external patches was followed per the physician orders. No adverse outcomes noted with this audit.</p> <p>What measures will be put into place or systematic changes made to ensure the deficient practice does not recur:</p> <p>Element #3</p> <p>Education was provided to all Nursing staff, to include contract agency staff, by the Director of Nursing or designee by 11/30/23 regarding the expectation for following physician medication orders. Director of Nursing or designee will monitor all residents with a physician order for Lidoderm external patches, that they are administered and removed per the MD order. Any adverse outcome will be corrected immediately.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, and what quality assurance program will be put into place:</p> <p>To ensure ongoing compliance, the Director of Nursing and/or designee will conduct compliance audits 5x a week x 12 weeks to ensure staff is applying/removing the Lidoderm external patch per the physician order. The facility will provide education on any areas of concern noted.</p> <p>The results of the audits will be reported at the monthly QAPI meeting until such</p>		

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F 684	Continued From page 2 1:45 PM revealed that medications should be administered as ordered or a progress note put in as to why a medication was not given.	F 684	time that substantial compliance has been achieved x 3 months. Compliance Date: 11/302023	