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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	346089	A. BUILDING _____ B. WING _____	C 07/20/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT COVE HEALTH AND REHABILITATION CENTER	511 WINDMILL ST WALNUT COVE, NC 27052

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F 272 SS=B	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.	F 272	F272 The center provides the following plan of correction (POC) without admitting or denying the validity or existence of the alleged deficiencies. The POC is prepared and executed solely because it is required by provisions of Federal and State law. The facility reserves all rights to contest the survey findings through dispute resolution, final appeal proceedings or any administration or legal proceedings. F272 Corrective action for those affected: Resident #2 was re-assessed by the Interdisciplinary Team for appropriateness of device and is currently without any restrictive device. Physician's order was obtained to discontinue device due to success of reduction and Responsible Party was notified of change. Care plan reviewed and updated with current interventions. Corrective action for those potentially affected: The Interdisciplinary Team will review/assess current residents with a restrictive device to determine appropriateness of device and medical symptom being treated. Device reduction attempts will be made by Interdisciplinary Team. Referral to therapy services and or nursing restorative will be made as determined by assessment. Systemic Changes: Residents utilizing restrictive devices will be reviewed monthly by Interdisciplinary Team through monthly care management meeting for trial reduction and/or appropriate use. Direct care staff will be trained on policies and regulations regarding restraints and importance of following care plans. The Interdisciplinary Team will assess residents in which a new restraint may be necessary for appropriateness of the restraint and least restrictive measures put into place determined by the assessment.	8/16/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Glenda Pulliam RN LNHA — TITLE — (X6) DATE: 8/12/11

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 272	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews, the facility failed to implement systematic approaches for 1 of 2 to reduce restraints (Resident #2). Findings include: 1. Resident #2 was readmitted to the facility on 12/27/10. The resident's cumulative diagnoses included dementia, chronic obstructive pulmonary disease (COPD) and glaucoma. The quarterly Minimum Data Set (MDS) dated 7/8/11, indicated Resident #2 ' s short and long term memory and decisions making skills were severely impaired. The MDS indicated Resident #2 required extensive assistance with all activities of daily living, one person assistance with bed mobility, transferring, ambulation, toileting. He was able to make himself understood clearly. The MDS did not code any falls or behaviors. The resident was coded as a restraint device that prevented rising. Review of the fall log from June thru July 2011, revealed Resident #2 did not have any documented falls. Review of the revised care plan dated 3/29/11, identified the problem as 1. Staff will need to monitor for adverse effects of restraint use(meri-walker when out of bed. The goal was the resident will have no adverse effects of restraint use documented by 7/5/11. The approaches included monitor for and document falls/possible adverse effects of meri-walker, use least restrictive device, assess range of motion	F 272	Monitoring and Quality Assurance: The Interdisciplinary Team will review all residents with restrictive devices monthly for appropriateness and report findings to the RM/QI Committee monthly x 12 months to determine the need for additional education and/or monitoring.	

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F 272	Continued From page 2 every shift, re-evaluate quarterly, released during supervised activities and refer back to therapy. Review of the physicians order dated 7/1/11, " meri-walker when out of bed to achieve ambulation goals due to difficulty walking release during supervised activities. " Review of the case management summaries dated 6/21/11, 6/28/11 and 7/14/11, indicated that Resident #2 had no falls. The documents did not indicate that Resident #2 had been referred to therapy or was receiving restorative services for ambulation. The documents also did not include any other least restrictive devices used since the initiation of the Meri-walker in January 2009. During an observation on 7/19/11 at 8:30AM, Resident #2 was observed in his room sitting in his meri-walker located in front of the closet door with oxygen in place and his head down and elbows resting on sides of wheelchair. When approached he made no attempt to stand or ambulate independently. He was able to reposition self in an upright position without difficulty. During a follow-up observation on 7/19/11 at 1:15PM, Resident #2 remained in his room in the same position with oxygen in place. He again was able to re-position self in an upright position when approached, however no attempts were made to stand or ambulate. Additional observation was done on 7/19/11 at 3:36PM, Resident #2 was awake in his room in the meri-walker with oxygen in place in front of the closet door. Again, there was no attempt to	F 272		

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F 272	Continued From page 3 stand or ambulate. During an observation on 7/20/11 at 6:00AM, Resident #2 was observed during medication pass in his room. Resident #2 was in bed when the nurse applied the prescribed eye drops. The resident was able to re-position upon request, but made no attempt to stand or rise from the bed when medications were administered. The nurse did not indicate that the resident would attempt to stand or ambulate from the bed without assistance. During a follow-up observation on 7/20/11 at 6:50AM, Resident #2 was awake and still in bed verbally calling for assistance. He made no attempt to stand, transfer or ambulate from the bed. He waited for staff assistance. During observation on 7/20/11 at 12:21PM, Resident #2 was transported to the restorative dining program in a regular wheelchair. He was observed sitting in his wheelchair in an upright position with no visible difficulty with trunk control or positioning concerns at the table. He was able to feed himself with minimum assistance and verbal cues. He was able to re-position self in wheelchair when necessary. He was able to rest his elbows on the arm rests, both knees were slightly angled with feet on the foot rests. He made no attempts to rise during the dining observation. Following the completion of the meal NA#2 asked him to sit back and he re-poisition self without difficulty. NA#2 pushed him back to his room and NA#1and NA#2 asked the resident to place his hands on the sides of the meri-walker. Staff then using a 2 person assist ask Resident #2 was he ready to get into his	F 272		

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F 272	Continued From page 4 meriwalker , he nodded his head yes and then he (resident) asked "when do you want me to do it (stand up). Each staff stood on each side of the resident before he stood with verbal cues. The resident nodded his head when he was ready to stand. Both aides then assisted him to his feet and he shuffled to his meriwalker and he followed directions to turn and sit . Resident #2 made no attempt to stand without verbal instructions. Additional, observation on 7/20/11 at 4:04PM, Resident #2 was seated in the mer-walker located in front of the closet with his head down his elbow resting on the bars of the walker. During an interview on 7/19/11 at 1:15PM, NA#1 indicted she worked with Resident #2 often, and he was unable to get up unassisted. He can only walk a short distance in his room. She added that when Resident #2 went to restorative dining the restorative worker would push the meri-walker or the wheelchair down the hall to restorative dining. She further stated that Resident #2 was not in restorative for ambulation but for dining. During an interview on 7/19/11 at 2:55PM, physical therapist #1(PT) revealed reassessment for the meri-walker only occurs when the nurses indicate if there was a decline in the residents function. PT #1 indicated that he had not noticed the resident walking and only observed him walking with staff and the meri-walker. He was unaware if the resident was invovled in restorative ambulation program in the past year. During an interview on 7/19/11 at 3:26PM, Nurse#1 indicated that phyical therapy was responsible for assessing and deciding how long	F 272		

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F 272	Continued From page 5 a resident would stay in a restraint (meri-walker). She indicated to her knowledge the resident only sat in a wheelchair a few times. She added that the resident did not ambulate independently much without verbal cues and would not remember to use a walker/meri-walker outside of the short distances he walks in his room. During an interviw on 7/20/11 at 6:40AM, Nurse#2 indicted the director of nursing , unit manager or physical therapy assess and determine how long a resident uses a meri-walker. Duirng an interview on 7/20/11 at 7:15AM, the MDS coordinator indicated residents that use a restraint were reevaluated every quarter . She did her last evaluation on Resident #2 3/29/11. She indicate the Restraint/Enabler Data Collection and Evaluation sheet was the form used on 3/29/11 to assess the continuation of the restraint. The unit managers was responsible for the assessment, device reduction attempts and documentation of restraints, however she did not know what form was being used at this time. She was unaware of the medical sypmtom or alternative devices attempted for Resident #2. During an interview on 7/20/11 at 7:40 AM, RN # 1, indicated she recently assume the role of unit managers position and the Care Management sheet was used to document restraint information and whether they should be continued or not. She added that restraint conitnuation was determined when a resident had a change in condition or fall a referral would be made to the physical therapy department. In addition, she indicated she did not recall Resident #2 having any falls. She was	F 272		

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F 272	Continued From page 6 unable to recall the process for determing a need for restraint reduction. During an interview on 7/20/11 at 12:21PM, NA#1 and NA#2, both indicated to their knowledge they had not seen Resident #2 stand up/transfer from his bed, fall or ambulate long distance with meri-walker or independently outside of his room. The resident would roll meri-walker as far as his roommates side of the room and back. The nursing assistants both indicated he would not go outside the room without assistance of staff. The NAs would push the Resident in the meri-walker, he would walk with lots of encouragement. During an interview on 7/20/11 at 1:03PM, the physical therapy manager indicated the medical diagnosis for the meriwalker was chronic airway obstruction, difficulty in walking dated back to 1/15/10. When asked if Resident #2 had been referred to physical therapy for re-evaluation of the meri-walker, the response was he had not. He was discharged on 2/1/2010 for his gait. She indicated once residents are discharged to the restorative nursing program it was the responsibility of nursing to evaluate and to document restraint reduction. During an interview on 7/20/11 at 1:20PM, Nurse#3 recently assumed the responsibility of the restorative program(dining and ambulation) and RN#1 who had oversaw the restorative program, indicated they did not know what the process was for reevaluation of a restraint. The nurses indicated physical therapy determined a reduction in a restraint.	F 272		

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F 272	Continued From page 7 During an interview on 7/20/11 at 3:30PM, Director of Nursing indicated her expectation was nursing should obtain a medical order, document the type/frequency of restraint used, alternative/least restricitve restraint and restraint reduction efforts that was implemented and the outcome documented in the resident's chart .In addition, appropriate referrals to therapy would be done and documented on the care management summary sheet. The system would be re-evaluated. She further indicated that she was uncertain why Resident #2 had remained in mori-walker for this length of time.	F 272		