PRINTED: 01/23/2012
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345119 | A. BUILDING FEB 0 3 2012<br>B. WING | C<br>01/19/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORTHCHASE NURSING AND REHABILITATION CENTER | 3015 ENTERPRISE DR<br>WILMINGTON, NC 28405 |

| (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 |
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| F 309<br>SS=D | 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br><br>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, resident concern log review and interviews, the facility failed to provide a resident with a specialty boot in a timely manner for one of one residents requiring a specialty boot (Resident #1).<br><br>Resident #1 was admitted to the facility on 4/29/10 with diagnoses including End Stage Bladder Cancer, Chronic Kidney Disease, Severe Dementia, Peripheral Vascular Disease, Non-healing ulcer of the foot and Diabetes Mellitus.<br><br>Review of the most recent quarterly Minimum Data Set (MDS) Assessment dated 11/4/11 indicated that resident #1 had short and long term memory loss and was moderately impaired in making daily decisions. Resident #1 was non-ambulatory.<br><br>Review of the Podiatry note, dated 2/3/10, revealed that resident #1 was diagnosed with an ulcer on his 5th right toe, a hammertoe 5th right toe and Diabetes with Peripheral Vascular Disease. | F 309 | North Chase Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.<br><br>North Chase Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, North Chase Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.<br><br>F 309 | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 2/1/2012

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 309 | Continued From page 1<br><br>Review of the Podiatry note, dated 9/2/11, revealed that the " Plan " for resident #1 was to order a fleece sleeve for when he is in bed.<br><br>Review of a Physician note, dated 11/17/11, documented that resident #1 had a " chronic wound right first metatarsal head. " The physician informed the family that despite whatever wound care measures are undertaken, it was highly unlikely that this wound will heal.<br><br>Review of the Treatment Administration Record for the month of September 2011, there was no documentation that resident #1 had a specialty boot.<br><br>Review of the Podiatrist order of 9/2/11 a fleece sleeve was to be ordered for resident #1 and to be worn while in bed.<br><br>Review of a Resident Concern form, dated 9/10/11, revealed that a family member had a concern because resident #1 had a fleece sleeve to be ordered on 9/2/11 and he was yet to be wearing the " fleece lined foot wraps " as ordered by the Podiatrist. Interventions in place included having the supply department to ensure fleece lined foot protection was ordered.<br><br>Review of a Resident Concern form, dated 9/14/11, revealed that a family member expressed concerns because the specialty boot was not in place. Interventions were: specialty boot was ordered and arrived on 9/15/11.<br><br>During an interview with the Nurse who received the order for the Fleece sleeve (fleece lined boot) | F 309 | 1. Resident #1 is no longer in the facility.<br><br>2. A 100% audit of current residents charts was completed on 1/31/12 by the DON/Administrative nurses for consultation orders with any equipment ordered as indicated.<br><br>3. All nurses have been in-serviced on complete follow up of consultations to include the process of completing MD orders completed by SDC nurse on 1/31/12. The administrative nurses will review all residents that have had a consultation with an MD to ensure all orders have been completed and any equipment needed has been ordered or obtained. This will occur weekly using a QI audit tool. The administrative nurses will follow up on any potential area of concern upon identification. | 1/31/12 |

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| F 309 | Continued From page 2<br>on 9/2/11, she stated that she made a copy of the order and placed it on the treatment nurse ' s book. She stated that she remembers resident #1 having boots on his feet but did not remember when he started wearing them.<br><br>During an interview with the Treatment nurse on 1/18/12, she stated that she doesn ' t remember receiving an order for the Fleece sleeve. She stated that resident #1 already had gel boots in place at the time.<br><br>During an interview with the Supply manager on 1/18/12, she stated that she did not have an order for the fleece sleeves on 9/2/11. She stated that she would have only ordered what exactly what she was told to order per the physician ' s orders.<br><br>During an interview with the MDS (Minimum Data Set) Nurse on 1/19/11 she stated that if the resident had a specialty boot it should have been written on the Treatment Administration record.<br><br>During an interview with the Assistant Director of Nursing on 1/19/12 she stated that somehow the fleeced line boot did not get ordered.<br><br>During an interview with the Podiatry office on 1/19/12, it was stated that the fleece lined boots were to be used for protection of the skin.<br><br>During an interview with the Administrator on 1/19/11 she stated that an order was placed on 9/12/11 and the order was received on 9/15/11. She stated that the order should have been placed on 9/2/11. | F 309 | 4. The Executive QI committee will review the results of the audits to identify and address concerns and/or trends and to follow up as necessary to determine the frequency and/or need for continued monitoring, monthly x3, then quarterly. | |