

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

MAY 21 2012

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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}	<p>INITIAL COMMENTS</p> <p>On 4/20/12, the facility submitted an acceptable credible allegation for the removal of the immediate jeopardy for the deficiencies cited on 4/3/12 in the areas of notification of physician of a resident's change of condition, supervision to prevent accidents, tracheostomy care, and staffing of nursing services. The facility alleged that immediate jeopardy for residents was removed on 4/18/12.</p> <p>The Division of Health Service Regulation conducted a complaint investigation and follow up visit on 04/22/12 through 04/24/12 to determine if the facility had removed the immediate jeopardy identified during the survey of 04/03/12. The complaint investigation allegations were not substantiated. The survey identified that the facility remains out of compliance with the Medicare and Medicaid program participation requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities. The survey found that immediate jeopardy still exists in regulatory grouping of 483.25 at tags F323 and F328. Tags F157 and F353 remain out of compliance at a lower scope and severity of a D. The facility will be terminated effective 04/26/12.</p> <p>Previously, Immediate Jeopardy was identified on January 5, 2012 when the facility failed to maintain a secondary low pressure alarm to alert staff to ventilator changes for a ventilator dependent resident who was found unresponsive with a ventilator that was turned off.</p> <p>The Administrator provided the credible allegation of compliance on 1/6/12 at 4:55 PM. The credible allegation included that all nursing staff</p>	{F 000}		

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



TITLE

Administrator

(X6) DATE

5/18/2012

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.

22 M.M
J.F
A.B
D. Bldg
C.M
4

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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}	Continued From page 1 associated with the respiratory unit were in-serviced on the purpose and placement of low pressure alarms by the director of nursing or designee before they worked on the respiratory unit. All Respiratory staff were in-serviced on low pressure alarms before working on the respiratory unit by the Respiratory Director or designee. A daily audit would be conducted of low pressure alarms 7 times per week for 2 weeks; then, 3 times per week for 2 weeks; then once weekly for 2 weeks; then, at each time the resident is connected to ventilator by the Respiratory Therapist. Employees will not work on the respiratory unit without being in-serviced on low pressure alarms. Validation of the Credible Allegation of Compliance began on 1/6/12 between the hours of 3 PM and 4:45 PM Interviews with the nursing staff and Respiratory Therapists indicated they were aware of turning on low pressure alarms, checking low pressure alarms, notification of respiratory staff if alarms are not on, and the location of low pressure alarms. Staff interviewed were also able to report on symptoms of agitation for MSU residents, i.e. what to look for, what to do and who to notify. Care Plans for ventilator dependent were reviewed for agitation as deemed appropriate. Tours were made of the Secondary Low Pressure Alarms on the MSU to determine the alarms were turned on. Audit tools and In-service records were reviewed.	{F 000}			
{F 157} SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative	{F 157}	No Plan of Correction is being submitted due to nothing was cited.		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345617	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 157}	<p>Continued From page 2</p> <p>or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	{F 157}		
{F 323} SS=J	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives</p>	{F 323}		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 323}	<p>Continued From page 3</p> <p>adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to implement their allegation of compliance for removing the immediate jeopardy identified on 4/3/12. The facility failed to communicate their policy and procedures to staff and failed to monitor staff to ensure 10 ventilator dependent residents, 5 ventilator combined with tracheostomy resident and 5 tracheostomy residents were supervised for maintain their airway.</p> <p>The validation of the Credible Allegation of Compliance was conducted from 04/22/12 through 04/24/12. Finding include:</p> <p>1. Initial observations of the 200 unit on 4/22/12 at 11:10 AM revealed Resident #4 had a tracheostomy and was connected to a pulse oximeter. The pulse oximeter box was stored in a black bag. According to the credible allegation, the purpose for the black bag enclosure was to ensure the pulse oximeter was not turned off unintentionally or intentionally by staff or residents. One fourth of the pulse oximeter was exposed outside the bag. The end of the black bag was open and the velcro end of the bag was not attached. The pulse oximeter of Resident #4 was observed again at 1:30 PM and at 5:00 PM and remained out of the black bag by one-fourth and opened on the end. During an interview with</p>	{F 323}	<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 correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p> <p>Blue Ridge Health Care Center is currently in the process of preparing discharge plans for the residents residing on the Medical Specialty Unit. The discharge plans will then be executed. Once the residents on the specialty unit are successfully and appropriately discharged Blue Ridge will no longer have a Ventilator/Tracheostomy Respiratory specialty unit. Once the last patient is transferred out this will fully resolve all deficiencies cited in the survey.</p> <p>We are providing this addendum to the plan of correction at the request of DHSR to address any additional items in light of the corrected resident roster provided to Blue Ridge on May 8, 2012.</p> <p>F 323 Blue Ridge Health Care Center respectfully disputes this citation.</p> <p>1. Resident #4 had his pulse oximeter encased in the bag with tape covering the controls throughout 4/22/2012. The resident is also alert and oriented, is free from behavior and is free from jeopardy risk and is on 15 minute checks. It is possible the surveyor meant this alleged violation to be in relation to</p>	5/14/12	

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 323}	<p>Continued From page 4</p> <p>the Respiratory Therapist (RT) (#8) who cared for the resident, the RT stated she checked the resident and his equipment every 2 hours. RT#8 stated she last checked the resident at 3:20 PM and his pulse oximeter was "okay." When notified of the observation, RT#8 reported the resident's machine was "okay" when she last checked it.</p> <p>2. An observation of Resident #5 on 4/22/12 at 11:15 AM revealed the resident's pulse oximeter had no stop sign on the face of the machine. According to the credible allegation, the purpose for the stop sign sticker was to ensure the pulse oximeter was not turned off unintentionally or intentionally by staff or residents. The machine was observed again at 5:10 PM that day and had no stop sign sticker on the face of the machine.</p> <p>3. An observation of Resident #6 on 4/22/12 at 11:20 AM revealed the resident was connected to a pulse oximeter machine. The machine was unlike all others in the facility. The machine was an olive green colored box and had no protective bag. There was a red sticker on the machine that read "high alert." According to the credible allegation, the purpose for the black bag enclosure and the stop sign sticker was to ensure the pulse oximeter was not turned off unintentionally or intentionally by staff or residents. One fourth of the pulse oximeter was exposed outside the bag. An observation at 5:12 PM revealed no change in the machine was made.</p> <p>During an interview on 4/22/12 at 11:57 AM with the Respiratory Therapy Director, the Director stated the old pulse oximeter for Resident #6 was one of the original machines in the facility. The</p>	{F 323}	<p>Resident #1 who has have remained free from jeopardy risk with a pulse oximeter attached, controls remain covered with tape, encased inside a bag. The controls continue to be concealed. The residents are on resident monitoring program with 15 minute checks.</p> <p>Addendum: Based on the corrected resident roster Resident #4 has his pulse oximeter in the bag with the controls fully encased in the bag and tape covering the controls. The resident is also alert and oriented, is free from at risk or emergent behavior, currently or in history and is free from jeopardy risk. Resident #4 remains on 15 minute checks.</p> <p>Resident #5 & #6 are not identified on the resident roster. It is possible the surveyor meant this alleged violation to be in relation to residents who have remained free from jeopardy risk with a pulse oximeter attached, controls remain covered with tape, encased inside a bag. The controls continue to be concealed. The residents are on resident monitoring program with 15 minute checks.</p> <p>Addendum: Based on the corrected resident roster Resident #6 is semi comatose and quadraplegic. Resident #6 has remained free from jeopardy risk with a pulse oximeter attached, in the bag with the controls fully encased in the bag and tape covering the controls. The resident is on resident monitoring program with 15 minute checks.</p> <p>Based on the corrected resident roster: Resident #5 has remained free from</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 323}	<p>Continued From page 5</p> <p>Director stated the facility initially ordered 10 new machines and borrowed 2, then ordered 4 more. The Director stated there were 2 machines currently not in use. These machines would be used to replace any machines that were not working properly. The Director stated only staff came into the resident's room and the on button was in place and no one would turn it off. The director pointed out the button was under a red stop sign sticker that read "high alert".</p> <p>4. During an observation of Resident #3 on 4/23/12 at 1:49 PM, the resident was connected to a ventilator via tracheostomy. There was no anti-disconnect device in place. According to the credible allegation, anti-disconnect devices were implemented for all tracheostomy residents who are ventilator dependent and the purpose of the anti-disconnect device is to increase safety for tracheostomy resident that is ventilator dependent. During an interview with the resident, the resident who was alert and oriented, reported the device was pinching his tracheostomy (trach) area and made him uncomfortable. The resident stated an RT took it off for him a few days ago but didn't remember when or who the RT was. Review of nurse notes and the unit's 24-hour report for the period of 4/18/12 through 4/23/12 revealed no documentation of the removal of the device.</p> <p>During an interview on 4/22/12 at 4:30 PM, with the Director of Respiratory Therapy, the Director reported he remembered seeing the resident on Friday, 4/20/12, and did not remember the resident having had an anti-disconnect device, but didn't think anything about it. Review of the list of residents that were on the 15 minute checks</p>	{F 323}	<p>jeopardy risk with a pulse oximeter attached, in the bag with the controls fully encased in the bag and tape covering the controls. The controls continue to be concealed. Resident #5 is on resident monitoring program with 15 minute checks.</p> <p>Resident #3 does continuously utilize an anti-disconnect device and did so 4/23/2012 during survey. This resident receives one-to-one supervision and also did so on 4/23/2012 during survey. It is possible the surveyor meant this alleged violation to be in relation to an unnamed resident who chose not to utilize the device. The resident received education regarding the risk and personal preferences are being respected.</p> <p>Addendum: Based on the corrected resident roster, Resident #3 is free from jeopardy risk. He has exercised his patient right to refuse treatment and therefore has elected not to utilize the antidisconnect device. The resident received education regarding the risk and still refused the device. As required by the conditions of participation, the resident's personal preferences are being respected. Resident #3 is alert and oriented and is free from at risk or emergent behavior.</p> <p>Resident #1 Resident #1 not ever received any one-to-one nor has he exhibited any at risk or emergent behavior. Resident #1 remains free from jeopardy risk.</p> <p>Addendum: Based on the corrected resident roster, Resident #1 remained on one-to-one monitoring until her discharge to the acute care setting on</p>	

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346617	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 323}	<p>Continued From page 6 revealed Resident #3 was not on the list.</p> <p>5. During an interview with NA #15 on 4/22/12 at 11:29 AM, the NA reported emergent behavior as there was fluid in their trach, coughing a lot, distress in their face, the machine going off, the way they were breathing, coloration of the skin, and the monitor sounding. The NA described at risk behaviors as " we don't have a lot of agitated resident's but when they are agitated they are pulling at their collar, trying to get out of the bed." According to the credible allegation, emergent behavior was defined as pulling at the tracheostomy tube, climbing or attempting to climb out of bed, verbalization of respiratory difficulty or distress, objective or subjective signs of distress, heart rate elevation to abnormal levels for that resident, oxygen saturation levels below 85 % and resident handling or pulling at tracheostomy.</p> <p>The NA stated for emergent behaviors, she would ask the resident if they were ok then she would tell the nurse or respiratory therapist. The NA stated she would " stay with them probably 'til someone comes."</p> <p>The NA reported that for one-on-one supervision, she never did one. The NA stated with one-on-one documentation she would chart every 30 minutes and let them know what the resident was doing and what the activities were. The NA stated she hasn't been trained how to do the 15 minute checks. According to the credible allegation, one on one supervision is when the staff member stays continuously at arms length of the resident.</p>	{F 323}	<p>May 6, 2012. Until the time of the discharge the one-to-one monitor remained within arms length of the resident's bed. The resident remained free from jeopardy.</p> <p>Resident #2 has not ever received any one on one nor has he exhibited any at risk or emergent behavior.</p> <p>Addendum: Based on the corrected resident roster, Resident #2 remains free from jeopardy and continues to receive appropriate monitoring, if emergent behavior occurs, with completion of the one-to-one form.</p> <p>2. Residents with tracheostomies have the potential to be affected by the same alleged deficient practice. The Director of Respiratory completed an audit of residents utilizing continuous pulse oximeter and ventilators to ensure pulse oximeters are in the bag, and anti-disconnect devices are in place</p> <p>3. Blue Ridge facility has retained a survey monitor, who is focused on the Medical Specialty Unit to ensure ongoing compliance. The facility developed a new policy titled "One-to-One supervision of Residents on the Medical Specialty Unit (MSU)". The facility has contracted the services of an additional Pulmonologist to evaluate the residents on MSU and to consult with the attending physician regarding the residents care need for a period of 6 months. These services began on April 23, 2012. The facility has contracted the services of an additional Psychiatrist to provide an initial assessment of the residents on MSU and any new admissions and periodically</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 323}	<p>Continued From page 7</p> <p>6. Review of Resident #1's medical record revealed the resident was admitted on 3/5/12 with diagnoses to include chronic ventilator dependence, chronic tracheostomy, history of a motor vehicle accident with subsequent closed head injury.</p> <p>Review of the resident's most recent Minimum Data Set (MDS), a quarterly assessment of 4/10/12, revealed the resident was cognitively impaired. Of the 14-day assessment period, the resident's mood was assessed as feeling or appearing down, depressed, or hopeless 2 to 6 days; moving or speaking so slowly, or being so fidgety or restless that she has been moving around a lot more than usual 7 to 11 days of the 14 day assessment period. The resident was coded as being short-tempered, easily annoyed 2 to 6 days of the 14-day assessment period. The MDS indicated the resident was dependent on one staff member for eating, dressing, toilet use, personal hygiene, and bathing. The Active Diagnoses section of the MDS indicated the resident had an Anxiety Disorder.</p> <p>Review of a Respiratory Therapy note documented on 4/14/12 at 3:30 PM revealed " Pt (patient) was pulling on new trach tie to loosen up collar and irritated the trach (stoma). Blood was around trach (stoma) and inside of (suctioning tubing part of the ventilator tubing). (suctioning tubing part of the ventilator tubing) was changed. Pt was suctioned. Trach tie may have tightened the trach more than Pt is used to. RT (Respiratory Therapist) (RT #20) will continue to monitor." The RT #20 was not available for interview during the survey.</p>	{F 323}	<p>as deemed appropriate for each individual's plan of care for a period of 6 months. This contract was signed on April 24, 2012.</p> <p>The facility has contracted with a Respiratory Therapist to provide oversight to the on-site Respiratory Therapy staff to evaluate current practices, make recommendations and provide training on systems utilized by the facility for a period of 6 months. These services were began on April 11, 2012.</p> <p>Addendum: Blue Ridge Healthcare staffs the MSU with 2-3 Respiratory therapists until such time when the census reaches 10 when the facility will staff with 1-2 Respiratory therapist. On occasions where there is one Respiratory therapist, an additional Registered Nurse (not included in direct care staff) that has received ventilator certification training will work in conjunction with the Respiratory therapist.</p> <p>Pulse Oximetry units are utilized continuous for Non-Ventilator Dependent residents with tracheostomies. The pulse oximeters are programmed to sound an alarm if the pulse oximeter becomes dislodged or if the residents' oxygen saturation level falls below 93% or settings specifically ordered by the physician. The pulse oximeters are housed in protective bags with a clear window through which the pulse oximeter controls are visible and a large Velcro flap. The facility has covered the control buttons on the pulse oximeters, including the On/Off button, so a resident would not be able to visualize the On/Off button and to prevent the machines from being intentionally or</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 323}	<p>Continued From page 8</p> <p>Review of a nurse note of 4/14/12 at 7:30 PM revealed the resident was pulling on the trach (tracheostomy) and she was placed back in bed. The resident was given Klonopin (a medication used to treat panic attacks) 0.5mg (milligrams) with effectiveness. A telephone interview was conducted with Nurse #6 on 4/24/12 at 12:40 pm. The nurse reported she didn't remember working on the hall the resident was residing on 4/14/12 and didn't remember any resident pulling at their trach.</p> <p>Review of a SBAR (a facility form indicating Situation, Background, Assessment, and Request) for physician communication dated 4/15/12, documented "Resident pulled at trach causing some bleeding." The "Request" was documented for one-on-one monitoring for 48 hours and the psychiatrist to evaluate. According to the credible allegation, when a resident exhibits an emergent behavior such as pulling at the tracheostomy, the staff should stay with the resident, call the nurse, the nurse assigns a staff member to do one on one supervision and call the doctor.</p> <p>Review of nurse note dated 4/15/12 at 9:10 AM revealed (name of physician) was informed of resident behaviors with trach pulling, no new intervention ordered. MD to be paged immediately with any additional trach manipulation by resident.</p> <p>At 12 PM on 4/15/12, a nurse note indicated the resident was up in a recliner chair, was pleasant, and no behaviors noted. One-on-one supervision was implemented to monitor behaviors/actions related to the new trach device that was added to trach on 4/14/12 to help reinforce trach and the</p>	{F 323}	<p>unintentionally turned off by staff or residents. Residents have the right to refuse treatment, including the use of continuous pulse oximetry. In the event a resident refuses the use of the continuous pulse oximetry, the resident and their family will, again, be educated on the purpose of continuous pulse oximetry and the risks related to the refusal of such treatment. Resident refusals and subsequent education will be documented in the resident's medical record. The resident's physician or the Medical Director will be notified of the resident's refusal and an order obtained, as appropriate, for alternate interventions. The IDT will be notified as well of the resident's refusal.</p> <p>If a resident is exhibiting "emergent" or "at risk" behaviors, the staff member identifying this will remain at the resident's bedside and uses the nurse call button to call for help. The RN charge nurse will perform an assessment of the resident's condition. Based on assessment findings the charge nurse, if warranted, will implement one-to-one supervision, or Resident Monitoring and notify the attending physician or the Medical Director of the change in the ventilator dependent resident's condition and obtain orders for the intervention implemented by the charge nurse and any other intervention the physician or Medical Director deems necessary.</p> <p>Newly admitted residents to the MSU will routinely be placed on Resident Monitoring for the 1st week of their admission and will be reviewed by the IDT. If at any time during the 1st week of admission an "at risk" behavior is identified, the physician will be notified and the level of supervision may be increased. The Nursing and</p>	

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 323}	<p>Continued From page 9 staff will continue to monitor.</p> <p>Physician's orders dated 4/15/12 revealed an order to implement 1:1 monitoring for close resident monitoring for 48 hours, contact (name of psychiatrist) re: behavior evaluation, re-evaluate resident after 48 hours.</p> <p>Review of the medical record revealed subsequent physician's orders dated 4/17/12, 4/19/12, and 4/22/12 were received to continue the 1:1 close monitoring of the resident for 48 more hours for pulling at the trach and attempting to get out of bed.</p> <p>On 4/23/12 at 2:03 PM, a continuous observation was conducted of the restorative nurse aide (NA#19) while providing one on one supervision for Resident #1. NA# 19 was standing in the middle of the resident's doorway talking with the resident's visitor that was leaving the resident's room. NA #19 was then observed at 2:05 PM at the resident's foot of the bed with her back to the resident reviewing papers on the overbed table.</p> <p>At 2:06 PM, NA# 19 returned to standing in the doorway talking with a nurse in the hall. At 2:07 PM, NA #19 was standing on a floor mat at the roommate's bedside and looking at Resident #1 and out the door into the hall. At 2:09 PM, NA# 19 returned to standing in the doorway looking out toward the nurse desk, then spoke with a visitor that was walking down the hall. NA #19 remained in doorway looking out into the hall and toward the nurse desk. Observation of Resident #1 revealed the resident was awake and resting in bed on her left side facing away from the doorway. An observation of NA #19 at 2:13 PM</p>	{F 323}	<p>Respiratory assessments will determine an appropriate level of ongoing supervision, based on available information. Care plans will be reviewed by the IDT and updated as needed to reflect the residents' current care needs.</p> <p>Beginning April 26, 2012 re-education, with a new curriculum, will be completed with nurses and respiratory therapists working on MSU on:</p> <ol style="list-style-type: none"> 1)The new policy titled "Status Changes: Notification of". 2)The Why, How, and When of the SBAR tool 3)The 24 hour report process 4)Clinical Communication process 5)Physician Log process 6)Pulse Oximeter 7)Resident Monitoring, including new admissions. 8)One-to-One Supervision 9)Anti-disconnect devices/trach tie 11) At risk vs. Emergent behavior and appropriate staff actions when identified. 12)Resident decannulation 13)Staffing MSU for direct care, One-to-One, and Resident monitor. <p>Licensed nurses and Respiratory Therapists working on the MSU that have not received the above training and education by May 7, 2012 will not be permitted to work until such re-education has been completed. Education and/or training will be provided at the beginning of their next scheduled shift, prior to providing resident care. The training will be provided by the MSU Unit Manager, House Supervisor, and/or DON at the beginning of each shift for persons that have not received the training, including agency</p>	

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 323}	<p>Continued From page 10</p> <p>revealed she was standing at the resident's bedside, then back to doorway looking down the hall and looked at the resident occasionally. At 2:14 PM, NA #19 engaged in conversation with another staff member while remaining in the doorway and continued looking down hall and watching staff activity in hall.</p> <p>During an interview with NA #19 at 2:19 PM on 4/23/12, the NA reported one-on-one supervision was definitely keeping eyes on the resident all the time, and not leave them unattended until a replacement arrived. NA #19 said she should be within arm's reach of the resident. The NA stated that her standing in the doorway of Resident #1 was not within arms' reach of the resident. The NA stated she received an inservice on monitoring and resident behaviors about one month ago. NA #19 stated she was up stretching her legs.</p> <p>Review of a facility "Employee Education Attendance Record" of 4/13/12 revealed "all staff members providing continuous supervision to stay at the resident's bedside or within arms' distance". Review of the attendance record for the information revealed NA # 19 signature on the record.</p> <p>According to the credible allegation, one on one supervision is when the staff member stays continuously at arms length of the resident.</p> <p>During an interview with the Interim Director of Nursing (DON) on 4/23/12 at 2:36 PM, the DON stated the one on one monitors were expected to sit next to the resident and keep the resident comfortable, and should be within arms' reach.</p>	{F 323}	<p>staff. The above described training will be incorporated into the new hire orientation. New hires will not be permitted to provide resident care on the MSU until the training is completed.</p> <p>Beginning April 25, 2012 re-education, with a new curriculum, will be completed with Certified Nursing Assistants (CNA) on:</p> <ol style="list-style-type: none"> 1)Resident Monitoring, including new admissions. 2)One-to-One Supervision 3)At risk vs Emergent behavior and appropriate staff actions when identified. 4)Pulse oximeter observations 5)Resident decannulation <p>working on the MSU that have not received the above training and education by May 9, 2012 will not be permitted to work until such re-education has been completed. Education and/or training will be provided at the beginning of their next scheduled shift, prior to providing resident care. The training will be provided by the MSU Unit Manager, House Supervisor, and/or DON at the beginning of each shift for persons that have not received the training, including agency staff. The above described training will be incorporated into the new hire orientation. New hires will not be permitted to provide resident care on the MSU until the training is completed. In addition to the above listed training the contracted Respiratory Therapist with IDT involvement began a didactic training course for MSU nurses that consists of 18 hours of training followed by competency testing on care of a ventilator patient. This training is being conducted a minimum of monthly for 6 months.</p> <p>4. The facility has developed and implemented new audit processes to access the effectiveness of the above plan related to supervision of residents with</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 323}	<p>Continued From page 11</p> <p>During an interview with the Administrator on 4/23/12 at 2:03 PM, the Administrator stated his expectation of the one on one monitor was for the monitor to follow the policy of remaining within arms' distance of the resident.</p> <p>7. During an interview with an agency nurse #18 on 4/24/12 at 12:15 PM, the nurse stated she worked at the facility on the ventilator unit from 7:00 PM to 11:00 PM on 4/14/12 and it was her first time to work at the facility as an agency nurse. The nurse stated she received orientation to the unit and to policy and procedure books on the unit, but did not receive any inservice material on behaviors, monitoring, or any notice of new procedures. According to the credible allegation, training about physician notification, one on one supervision, resident monitoring continuous pulse oximetry and the 24 hour report process will be provided for each agency staff before beginning their shift.</p> <p>8. On 4/22/12 at 10:33 AM, the unit RN supervisor (#17) was interviewed. She indicated that emergent behaviors were when the resident is agitated, their vital signs were off, or acted strange. The unit supervisor said that the one-on-one supervision could be assigned to a nurse aide (NA) or a nurse. According to the credible allegation, emergent behavior was defined as pulling at the tracheostomy tube, climbing or attempting to climb out of bed, verbalization of respiratory difficulty or distress, objective or subjective signs of distress, heart rate elevation to abnormal levels for that resident, oxygen saturation levels below 85 % and resident handling or pulling at tracheostomy. The unit</p>	{F 323}	<p>tracheostomies. (a) On a daily basis, the DON, Assistant Director of Nursing (ADON), MSU manager, or House Supervisor will review the 24 hour reports from the MSU to verify appropriate information is being communicated shift to shift and that respiratory therapy and nursing are collaboratively reporting changes in resident condition and incidents via the 24 hour report. (b) On a daily basis, the DON, Assistant Director of Nursing (ADON), MSU Manager, or House Supervisor will review the 24 hour reports from the MSU to verify that an SBAR form has been completed appropriately for each item entered. (c) On a daily basis, the DON, Assistant Director of Nursing (ADON), MSU Manager, or House Supervisor will observe shift to shift report to verify that information from the 24 hour report is being communicated to the on-coming shift nurse by the off-going nurse, (d) On a daily basis, the DON, Assistant Director of Nursing (ADON), MSU manager or House Supervisor will verify that the Pulse oximeters and resident monitor (15 minute check) documentation on the MAR has been completed by each charge nurse, (e) On a daily basis, the DON, Assistant Director of Nursing (ADON), MSU manager or House Supervisor will review the documentation and interventions and verify that the resident monitor (15 minute check) sheets are completed, (f) On a daily basis a Respiratory therapist will conduct an audit of Pulse oximeter bags, controls covered, and anti disconnect devices are in place. (g) On a daily basis M – F the Administrator (NHA) will review the staffing sheet for the prior day(s) to verify staffing ratios and per patient day (ppd) hours are met. The daily audits will continue for 30</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 323}	<p>Continued From page 12</p> <p>supervisor said, to do the one on one supervision, she would either pull a restorative aide from other halls, call a nurse aide or use one of the management team members to do. The supervisor indicated they can use agency nurses. According to the facility's credible allegation, the facility had 3 back up plan to ensure staffing is adequate. The supervisor or the staff coordinator will contact the Medical Specialty Unit (where tracheostomy and ventilator residents resided) staff that were not on duty or staffing agencies. If unable to locate staff by the previous two methods, then the facility will utilize on-call management staff.</p> <p>The unit supervisor said that at risk behaviors are when the resident is pulling at the tube, attempting to pull out their vent and thrashing. According to the credible allegation, at risk behavior included restlessness, emotional distress, cognitive changes, weeping, objective and subjective signs of pain or discomfort.</p> <p>The unit supervisor said a modified one-on-one supervision is used when the resident does not need constant one-on-one. The staff could be seated near the resident's door. The staff could still observe the resident but not as close as if the staff were in the room. The unit supervisor said, " We do not have a person assigned to do a modified one-on-one supervision; it is the responsibility of the whole team." The unit supervisor said the staff will fill out the SBAR (situation, background, assessment, request) form when something abnormal is going on or when a resident decannulates themselves or pulls the vent off. The SBAR forms are kept in the resident's medical record after the physician is</p>	{F 323}	<p>days and then will be completed weekly unless concerns are identified in which case daily audits will continue until a time determined by the QA & A committee. The NHA/DON/Respiratory Therapy Director will report to the facility's Quality Assessment and Assurance (QA&A) Committee weekly with the results of the verification review of the above identified audits. Issues identified by the NHA/DON/Respiratory therapy director as a result of these audits will be reported to the QA&A Committee within one business day. The QA&A Committee will evaluate the effectiveness of the plan on a weekly basis, for 2 months and then every two weeks for 2 months, then monthly based on trends identified and develop and implement, additional interventions as needed to ensure continued compliance. On a weekly basis the Medical Director, Administrator, DON, Respiratory therapy Director, and MSU manager will meet to review the plan and ensure there are no issues with communication. Weekly the Administrator will report progress on the corrective action plan including any issues identified in the reviews with achieving or sustaining compliance to the governing board of the facility. The board will take any other actions they deem necessary based on the reports. Twice monthly, for 2 months, and then monthly for 2 months, the Vice President of Clinical Services will attend the facility QA & A meetings and provide input on plan effectiveness as well as ensure continued compliance. The Administrator is responsible for ongoing compliance.</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 323}	<p>Continued From page 13</p> <p>notified. According to the credible allegation, the modified one on one supervision was used when the resident had emergent behaviors at certain times of the day. The physician is responsible for ordering the modified one on one supervision with specific times when one on one supervision needed to be used. The physician will also write an order for resident monitoring (15 minute checks) during the time of the day when one on one is not being done.</p> <p>9. On 4/22/12 at 11:15 AM, the charge nurse (#5) was interviewed. The charge nurse said emergent behaviors would be behaviors leading to a life threatening situation. Some of the emergent behaviors are restlessness, trying to climb out of bed, fidgeting, and picking at their tracheostomy. In this case, the physician would be notified and an every 15-minute check is initiated. If the behaviors continue or worsen, then the facility will initiate the one-on-one supervision. According to the credible allegation, when a resident is exhibiting emergent behaviors (trying to get out of bed), the resident will be put on one on one supervision. The charge nurse said that a nurse or NA can sit with the resident to do one-on-one. The charge nurse said she will rearrange staff in the building to meet the staffing need for one-on-one supervision. The charge nurse said she will pull from supplemental staff such as restorative aides or therapy to use for one-on-one supervision.</p> <p>The charge nurse said the modified one-on-one supervision was used for at risk residents who exhibited no restlessness or fidgeting but because of their diagnoses, they had the potential to be at risk. The charge nurse said modified</p>	{F 323}		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 323}	<p>Continued From page 14</p> <p>one-on-one supervision is when a resident is checked every 15 minutes and staff do not need a physician order for it.</p> <p>10. On 4/22/12 at 4:00 PM the Respiratory Therapy Director was interviewed. The Respiratory Therapy Director said the 15-minutes check was used for residents that showed behaviors in the past that would put them in danger.</p> <p>11. Resident #2 was admitted to the facility on 3/23/12 following a hospitalization for acute respiratory failure due to a cerebrovascular accident on 2/9/12. His Minimum Data Set, dated 3/30/12 indicated the resident was receiving oxygen therapy, tracheostomy care and required a ventilator. The assessment also indicated Resident #2 was cognitively intact.</p> <p>Review of the facility form titled, " SBAR " (Situation, Background, Assessment and Request) and dated 4/19/12 indicated at 2:30 AM Resident #2, " Disconnected himself from ventilator." The SBAR form indicated a Respiratory Therapy staff person put the ventilator back on, the physician was notified and the resident was on one-on-one observation by staff.</p> <p>At 7:15 AM on 4/19/12 the facility received an order to continue the one-on-one observation and to reassess when the resident was fully awake.</p> <p>Another physician order dated 4/19/12 (no time noted) indicated the current one-on-one observation was to be discontinued but, "Resume 1:1 (one-on-one) sitter tonight only from 10pm -</p>	{F 323}			

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 323}	<p>Continued From page 15</p> <p>7am. Call (physician) in AM if any concerns (with behavior " The order also indicated the resident was to receive Seroquel 12.5mg (an antipsychotic medication to treat acute agitation) at bedtime.</p> <p>Resident #2 was interviewed on 4/22/12 at 12:27 PM about what happened on 4/19/12. Resident #2 said, " I had a couple of episodes that bordered on psychotic. They told me on Saturday I was headed to Mexico." The resident indicated he had a stroke in February. He added, "The night after the Mexico episode they paid a guy to watch me sleep all night. That has been their response with these episodes - they have someone sit with me continuously for a while."</p> <p>On 4/22/12 at 4:05 PM the acting Director of Nursing (DON) indicated she was called to Resident #2's room and was told he awoke, thought he was in Mexico and was pulling at his tracheostomy. The acting DON indicated she completed SBAR, called the physician and initiated the one-on-one observation. The nurse said, "In the morning he woke up and couldn't remember anything. In morning meeting we talked about it being the new medication he was taking. I talked to the doctor and he said do the one-on-one again that night from 10:00 PM to 7:00 AM to be sure he would be okay." The acting DON added that Resident #2 was on every 15 minute checks the remainder of the day until the one-on-one observation began again at 10:00 PM on 4/19/12.</p> <p>On 4/22/12 at 4:47 PM, Corporate Nurse #9 indicated the facility was unable to find the one-on-one documentation for Resident #2 on 4/19/12 for 2:30-8:00 AM or for 10:00 PM to 7:00</p>	{F 323}		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 323}	<p>Continued From page 16</p> <p>AM on 4/20/12. She said, " It looks like we failed to document on the new form for (Resident #2) on the 19th."</p> <p>During an interview on 4/22/12 at 4:56 PM Respiratory Therapist (RT) #8 indicated she had observed Resident #2 one-on-one on 4/19/12 from approximately 7:30 AM until 8:20 AM when the physician came in to see the resident. RT #8 indicated she had been inserviced about one-on-one observation and was aware of the documentation sheet but was not given a one on one documentation sheet that would have started at 2:30 AM. RT #8 said, " I didn't think about it."</p> <p>At 4:05 PM on 4/23/12 Corporate Nurse #9 indicated RT #10 and Nursing Assistant (NA) #11 had also done one-on-one observation on Resident #2 on 4/19/12 but had not completed the one-on-one observation sheets. She also said both RT #10 and NA #11 had been inserviced to the sheet for one-on-one and it would have been her expectation that the one-on-one sheet would have been used for Resident #2 on 4/19/12.</p> <p>On 4/23/12 at 5:10 PM, RT #10 indicated she had been inserviced about one-on-one observation and sat by Resident #2's bed from 2:30 AM until approximately 7:00 AM on 4/19/12. When asked about the one-on-one documentation RT #10 said, "It slipped my mind. I sat by his bedside, but I didn't do the documentation."</p> <p>NA #11 was interviewed on 4/23/12 at 5:14 PM about the one-on-one observation documentation for Resident #2 on 4/19/12 from 10:00 PM until 7:00 AM on 4/20/12. NA #11 indicated he had been at the resident's bedside all night except for</p>	{F 323}		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 323}	Continued From page 17 two 15 minute breaks during which time another NA sat with the resident. NA #11 said, " No one gave me a form to initial or anything." NA #11 indicated he was aware of the documentation for 15 minute checks but not for the one on one observations. The facility's Credible Allegation included, "The Resident Monitors and persons performing one-on-one supervision have received training on their duties and the documentation required on forms reated for each of these activities."	{F 323}		
{F 328} SS=J	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to implement their allegation of compliance for removing the immediate jeopardy identified on 4/3/12. The facility failed to communicate their policy and procedures to staff and failed to monitor staff to ensure 10 ventilator dependent residents, 5 ventilator combined with tracheostomy resident	{F 328}		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 328}	<p>Continued From page 18 and 5 tracheostomy residents were supervised for maintain their airway.</p> <p>The validation of the Credible Allegation of Compliance was conducted from 04/22/12 through 04/24/12. Finding include:</p> <p>1. Initial observations of the 200 unit on 4/22/12 at 11:10 AM revealed Resident #4 had a tracheostomy and was connected to a pulse oximeter. The pulse oximeter box was stored in a black bag. According to the credible allegation, the purpose for the black bag enclosure was to ensure the pulse oximeter was not turned off unintentionally or intentionally by staff or residents. One fourth of the pulse oximeter was exposed outside the bag. The end of the black bag was open and the velcro end of the bag was not attached. The pulse oximeter of Resident #4 was observed again at 1:30 PM and at 5:00 PM and remained out of the black bag by one-fourth and opened on the end. During an interview with the Respiratory Therapist (RT) (#8) who cared for the resident, the RT stated she checked the resident and his equipment every 2 hours. RT#8 stated she last checked the resident at 3:20 PM and his pulse oximeter was "okay." When notified of the observation, RT#8 reported the resident's machine was "okay" when she last checked it.</p> <p>2. An observation of Resident #5 on 4/22/12 at 11:15 AM revealed the resident's pulse oximeter had no stop sign on the face of the machine. According to the credible allegation, the purpose for the stop sign sticker was to ensure the pulse oximeter was not turned off unintentionally or intentionally by staff or residents. The machine was observed again at 5:10 PM that day and had</p>	{F 328}	<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 correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p> <p>Blue Ridge Health Care Center is currently in the process of preparing discharge plans for the residents residing on the Medical Specialty Unit. The discharge plans will then be executed. Once the residents on the specialty unit are successfully and appropriately discharged Blue Ridge will no longer have a Ventilator/Tracheostomy Respiratory specialty unit. Once the last patient is transferred out this will fully resolve all deficiencies cited in the survey.</p> <p>We are providing this addendum to the plan of correction at the request of DHSR to address any additional items in light of the corrected resident roster provided to Blue Ridge on May 8, 2012.</p> <p>F 328 Blue Ridge Health Care Center respectfully disputes this citation.</p> <p>1. Resident #4 had his pulse oximeter encased in the bag with tape covering the controls throughout 4/22/2012. The resident is also alert and oriented, is free from behavior and is free from jeopardy risk and is on 15 minute checks. It is possible the surveyor meant this alleged violation to be in relation to Resident #1 who has have remained free</p>	5/14/12

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 328}	<p>Continued From page 19</p> <p>no stop sign sticker on the face of the machine.</p> <p>3. An observation of Resident #6 on 4/22/12 at 11:20 AM revealed the resident was connected to a pulse oximeter machine. The machine was unlike all others in the facility. The machine was an olive green colored box and had no protective bag. There was a red sticker on the machine that read "high alert." According to the credible allegation, the purpose for the black bag enclosure and the stop sign sticker was to ensure the pulse oximeter was not turned off unintentionally or intentionally by staff or residents. One fourth of the pulse oximeter was exposed outside the bag. An observation at 5:12 PM revealed no change in the machine was made.</p> <p>During an interview on 4/22/12 at 11:57 AM with the Respiratory Therapy Director, the Director stated the old pulse oximeter for Resident #6 was one of the original machines in the facility. The Director stated the facility initially ordered 10 new machines and borrowed 2, then ordered 4 more. The Director stated there were 2 machines currently not in use. These machines would be used to replace any machines that were not working properly. The Director stated only staff came into the resident's room and the on button was in place and no one would turn it off. The director pointed out the button was under a red stop sign sticker that read "high alert".</p> <p>4. During an observation of Resident #3 on 4/23/12 at 1:49 PM, the resident was connected to a ventilator via tracheostomy. There was no anti-disconnect device in place. According to the credible allegation, anti-disconnect devices were</p>	{F 328}	<p>from jeopardy risk with a pulse oximeter attached, controls remain covered with tape, encased inside a bag. The controls continue to be concealed. The residents are on resident monitoring program with 15 minute checks.</p> <p>Addendum: Based on the corrected resident roster Resident #4 has his pulse oximeter in the bag with the controls fully encased in the bag and tape covering the controls. The resident is also alert and oriented, is free from at risk or emergent behavior, currently or in history and is free from jeopardy risk. Resident #4 remains on 15 minute checks.</p> <p>Resident #5 & #6 are not identified on the resident roster. It is possible the surveyor meant this alleged violation to be in relation to residents who have remained free from jeopardy risk with a pulse oximeter attached, controls remain covered with tape, encased inside a bag. The controls continue to be concealed. The residents are on resident monitoring program with 15 minute checks.</p> <p>Addendum: Based on the corrected resident roster Resident #6 is semi comatose and quadraplegic. Resident #6 has remained free from jeopardy risk with a pulse oximeter attached, in the bag with the controls fully encased in the bag and tape covering the controls. The resident is on resident monitoring program with 15 minute checks.</p> <p>Based on the corrected resident roster: Resident #5 has remained free from jeopardy risk with a pulse oximeter attached, in the bag with the controls fully encased in the bag and tape</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 328}	<p>Continued From page 20</p> <p>implemented for all tracheostomy residents who are ventilator dependent and the purpose of the anti-disconnect device is to increase safety for tracheostomy resident that is ventilator dependent. During an interview with the resident, the resident who was alert and oriented, reported the device was pinching his tracheostomy (trach) area and made him uncomfortable. The resident stated an RT took it off for him a few days ago but didn't remember when or who the RT was. Review of nurse notes and the unit's 24-hour report for the period of 4/18/12 through 4/23/12 revealed no documentation of the removal of the device.</p> <p>During an interview on 4/22/12 at 4:30 PM, with the Director of Respiratory Therapy, the Director reported he remembered seeing the resident on Friday, 4/20/12, and did not remember the resident having had a anti-disconnect device, but didn't think anything about it. Review of the list of residents that were on the 15 minute checks revealed Resident #3 was not on the list.</p> <p>5. During an interview with NA #15 on 4/22/12 at 11:29 AM, the NA reported emergent behavior as there was fluid in their trach, coughing a lot, distress in their face, the machine going off, the way they were breathing, coloration of the skin, and the monitor sounding. The NA described at risk behaviors as " we don't have a lot of agitated resident's but when they are agitated they are pulling at their collar, trying to get out of the bed." According to the credible allegation, emergent behavior was defined as pulling at the tracheostomy tube, climbing or attempting to climb out of bed, verbalization of respiratory difficulty or distress, objective or subjective signs</p>	{F 328}	<p>covering the controls. The controls continue to be concealed. Resident #5 is on resident monitoring program with 15 minute checks.</p> <p>Resident #3 does continuously utilize an anti-disconnect device and did so 4/23/2012 during survey. This resident receives one-to-one supervision and also did so on 4/23/2012 during survey. It is possible the surveyor meant this alleged violation to be in relation to an unnamed resident who chose not to utilize the device. The resident received education regarding the risk and personal preferences are being respected.</p> <p>Addendum: Based on the corrected resident roster, Resident #3 is free from jeopardy risk. He has exercised his patient right to refuse treatment and therefore has elected not to utilize the antidisconnect device. The resident received education regarding the risk and still refused the device. As required by the conditions of participation, the resident's personal preferences are being respected. Resident #3 is alert and oriented and is free from at risk or emergent behavior.</p> <p>Resident #1 Resident #1 not ever received any one-to-one nor has he exhibited any at risk or emergent behavior. Resident #1 remains free from jeopardy risk.</p> <p>Addendum: Based on the corrected resident roster, Resident #1 remained on one-to-one monitoring until her discharge to the acute care setting on May 6, 2012. Until the time of the discharge the one-to-one monitor remained within arms length of the</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 328}	<p>Continued From page 21</p> <p>of distress, heart rate elevation to abnormal levels for that resident, oxygen saturation levels below 85 % and resident handling or pulling at tracheostomy.</p> <p>The NA stated for emergent behaviors, she would ask the resident if they were ok then she would tell the nurse or respiratory therapist. The NA stated she would " stay with them probably 'til someone comes."</p> <p>The NA reported that for one-on-one supervision, she never did one. The NA stated with one-on-one documentation she would chart every 30 minutes and let them know what the resident was doing and what the activities were. The NA stated she hasn't been trained how to do the 15 minute checks. According to the credible allegation, one on one supervision is when the staff member stays continuously at arms length of the resident.</p> <p>6. Review of Resident #1's medical record revealed the resident was admitted on 3/5/12 with diagnoses to include chronic ventilator dependence, chronic tracheostomy, history of a motor vehicle accident with subsequent closed head injury.</p> <p>Review of the resident's most recent Minimum Data Set (MDS), a quarterly assessment of 4/10/12, revealed the resident was cognitively impaired. Of the 14-day assessment period, the resident's mood was assessed as feeling or appearing down, depressed, or hopeless 2 to 6 days; moving or speaking so slowly, or being so fidgety or restless that she has been moving around a lot more than usual 7 to 11 days of the</p>	{F 328}	<p>resident's bed. The resident remained free from jeopardy.</p> <p>Resident #2 has not ever received any one on one nor has he exhibited any at risk or emergent behavior.</p> <p>Addendum: Based on the corrected resident roster, Resident #2 remains free from jeopardy and continues to receive appropriate monitoring, if emergent behavior occurs, with completion of the one-to-one form.</p> <p>2. Residents with tracheostomies have the potential to be affected by the same alleged deficient practice. The Director of Respiratory completed an audit of residents utilizing continuous pulse oximeter and ventilators to ensure pulse oximeters are in the bag, and anti-disconnect devices are in place</p> <p>3. Blue Ridge facility has retained a survey monitor, who is focused on the Medical Specialty Unit to ensure ongoing compliance. The facility developed a new policy titled "One-to-One supervision of Residents on the Medical Specialty Unit (MSU)". The facility has contracted the services of an additional Pulmonologist to evaluate the residents on MSU and to consult with the attending physician regarding the residents care need for a period of 6 months. These services began on April 23, 2012. The facility has contracted the services of an additional Psychiatrist to provide an initial assessment of the residents on MSU and any new admissions and periodically as deemed appropriate for each individual's plan of care for a period of 6 months. This contract was signed on April 24, 2012.</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 328}	<p>Continued From page 22</p> <p>14 day assessment period. The resident was coded as being short-tempered, easily annoyed 2 to 6 days of the 14-day assessment period. The MDS indicated the resident was dependent on one staff member for eating, dressing, toilet use, personal hygiene, and bathing. The Active Diagnoses section of the MDS indicated the resident had an Anxiety Disorder.</p> <p>Review of a Respiratory Therapy note documented on 4/14/12 at 3:30 PM revealed " Pt (patient) was pulling on new trach tie to loosen up collar and irritated the trach (stoma). Blood was around trach (stoma) and inside of (suctioning tubing part of the ventilator tubing). (suctioning tubing part of the ventilator tubing) was changed. Pt was suctioned. Trach tie may have tightened the trach more than Pt is used to. RT (Respiratory Therapist) (RT #20) will continue to monitor." The RT #20 was not available for interview during the survey.</p> <p>Review of a nurse note of 4/14/12 at 7:30 PM revealed the resident was pulling on the trach (tracheostomy) and she was placed back in bed. The resident was given Klonopin (a medication used to treat panic attacks) 0.5mg (milligrams) with effectiveness. A telephone interview was conducted with Nurse #6 on 4/24/12 at 12:40 pm. The nurse reported she didn't remember working on the hall the resident was residing on 4/14/12 and didn't remember any resident pulling at their trach.</p> <p>Review of a SBAR (a facility form indicating Situation, Background, Assessment, and Request) for physician communication dated 4/15/12, documented "Resident pulled at trach</p>	{F 328}	<p>The facility has contracted with a Respiratory Therapist to provide oversight to the on-site Respiratory Therapy staff to evaluate current practices, make recommendations and provide training on systems utilized by the facility for a period of 6 months. These services were began on April 11, 2012.</p> <p>Addendum: Blue Ridge Healthcare staffs the MSU with 2-3 Respiratory therapists until such time when the census reaches 10 when the facility will staff with 1-2 Respiratory therapist. On occasions where there is one Respiratory therapist, an additional Registered Nurse (not included in direct care staff) that has received ventilator certification training will work in conjunction with the Respiratory therapist.</p> <p>Pulse Oximetry units are utilized continuous for Non-Ventilator Dependent residents with tracheostomies. The pulse oximeters are programmed to sound an alarm if the pulse oximeter becomes dislodged or if the residents' oxygen saturation level falls below 93% or settings specifically ordered by the physician. The pulse oximeters are housed in protective bags with a clear window through which the pulse oximeter controls are visible and a large Velcro flap. The facility has covered the control buttons on the pulse oximeters, including the On/Off button, so a resident would not be able to visualize the On/Off button and to prevent the machines from being intentionally or unintentionally turned off by staff or residents. Residents have the right to refuse treatment, including the use of continuous pulse oximetry. In the event a resident refuses the use of the continuous</p>	

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 328}	<p>Continued From page 23</p> <p>causing some bleeding." The "Request" was documented for one-on-one monitoring for 48 hours and the psychiatrist to evaluate. According to the credible allegation, when a resident exhibits an emergent behavior such as pulling at the tracheostomy, the staff should stay with the resident, call the nurse, the nurse assigns a staff member to do one on one supervision and call the doctor.</p> <p>Review of nurse note dated 4/15/12 at 9:10 AM revealed (name of physician) was informed of resident behaviors with trach pulling, no new intervention ordered. MD to be paged immediately with any additional trach manipulation by resident.</p> <p>At 12 PM on 4/15/12, a nurse note indicated the resident was up in a recliner chair, was pleasant, and no behaviors noted. One-on-one supervision was implemented to monitor behaviors/actions related to the new trach device that was added to trach on 4/14/12 to help reinforce trach and the staff will continue to monitor.</p> <p>Physician's orders dated 4/15/12 revealed an order to implement 1:1 monitoring for close resident monitoring for 48 hours, contact (name of psychiatrist) re: behavior evaluation, re-evaluate resident after 48 hours.</p> <p>Review of the medical record revealed subsequent physician's orders dated 4/17/12, 4/19/12, and 4/22/12 were received to continue the 1:1 close monitoring of the resident for 48 more hours for pulling at the trach and attempting to get out of bed.</p> <p>On 4/23/12 at 2:03 PM, a continuous observation</p>	{F 328}	<p>pulse oximetry, the resident and their family will, again, be educated on the purpose of continuous pulse oximetry and the risks related to the refusal of such treatment. Resident refusals and subsequent education will be documented in the resident's medical record. The resident's physician or the Medical Director will be notified of the resident's refusal and an order obtained, as appropriate, for alternate interventions. The IDT will be notified as well of the resident's refusal.</p> <p>If a resident is exhibiting "emergent" or "at risk" behaviors, the staff member identifying this will remain at the resident's bedside and uses the nurse call button to call for help. The RN charge nurse will perform an assessment of the resident's condition. Based on assessment findings the charge nurse, if warranted, will implement one-to-one supervision, or Resident Monitoring and notify the attending physician or the Medical Director of the change in the ventilator dependent resident's condition and obtain orders for the intervention implemented by the charge nurse and any other intervention the physician or Medical Director deems necessary.</p> <p>Newly admitted residents to the MSU will routinely be placed on Resident Monitoring for the 1st week of their admission and will be reviewed by the IDT. If at any time during the 1st week of admission an "at risk" behavior is identified, the physician will be notified and the level of supervision may be increased. The Nursing and Respiratory assessments will determine an appropriate level of ongoing supervision, based on available information. Care plans will be reviewed by the IDT and updated as needed to reflect the residents' current</p>	

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 328}	<p>Continued From page 24</p> <p>was conducted of the restorative nurse aide (NA#19) while providing one on one supervision for Resident #1. NA# 19 was standing in the middle of the resident's doorway talking with the resident's visitor that was leaving the resident's room. NA #19 was then observed at 2:05 PM at the resident's foot of the bed with her back to the resident reviewing papers on the overbed table.</p> <p>At 2:06 PM, NA# 19 returned to standing in the doorway talking with a nurse in the hall. At 2:07 PM, NA #19 was standing on a floor mat at the roommate's bedside and looking at Resident #1 and out the door into the hall. At 2:09 PM, NA# 19 returned to standing in the doorway looking out toward the nurse desk, then spoke with a visitor that was walking down the hall. NA #19 remained in doorway looking out into the hall and toward the nurse desk. Observation of Resident #1 revealed the resident was awake and resting in bed on her left side facing away from the doorway. An observation of NA #19 at 2:13 PM revealed she was standing at the resident's bedside, then back to doorway looking down the hall and looked at the resident occasionally. At 2:14 PM, NA #19 engaged in conversation with another staff member while remaining in the doorway and continued looking down hall and watching staff activity in hall.</p> <p>During an interview with NA #19 at 2:19 PM on 4/23/12, the NA reported one-on-one supervision was definitely keeping eyes on the resident all the time, and not leave them unattended until a replacement arrived. NA #19 said she should be within arm's reach of the resident. The NA stated that her standing in the doorway of Resident #1 was not within arms' reach of the resident. The</p>	{F 328}	<p>care needs.</p> <p>Beginning April 26, 2012 re-education, with a new curriculum, will be completed with nurses and respiratory therapists working on MSU on:</p> <ol style="list-style-type: none"> 1)The new policy titled "Status Changes: Notification of". 2)The Why, How, and When of the SBAR tool 3)The 24 hour report process 4)Clinical Communication process 5)Physician Log process 6)Pulse Oximeter 7)Resident Monitoring, including new admissions. 8)One-to-One Supervision 9)Anti-disconnect devices/trach tie 11) At risk vs. Emergent behavior and appropriate staff actions when identified. 12)Resident decannulation 13)Staffing MSU for direct care, One-to-One, and Resident monitor. <p>Licensed nurses and Respiratory Therapists working on the MSU that have not received the above training and education by May 7, 2012 will not be permitted to work until such re-education has been completed. Education and/or training will be provided at the beginning of their next scheduled shift, prior to providing resident care. The training will be provided by the MSU Unit Manager, House Supervisor, and/or DON at the beginning of each shift for persons that have not received the training, including agency staff. The above described training will be incorporated into the new hire orientation. New hires will not be permitted to provide resident care on the MSU until the training is completed.</p> <p>Beginning April 25, 2012 re-education, with a new curriculum, will be completed with</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 328}	<p>Continued From page 25</p> <p>NA stated she received an inservice on monitoring and resident behaviors about one month ago. NA #19 stated she was up stretching her legs.</p> <p>Review of a facility "Employee Education Attendance Record" of 4/13/12 revealed "all staff members providing continuous supervision to stay at the resident's bedside or within arms' distance". Review of the attendance record for the information revealed NA # 19 signature on the record.</p> <p>According to the credible allegation, one on one supervision is when the staff member stays continuously at arms length of the resident.</p> <p>During an interview with the Interim Director of Nursing (DON) on 4/23/12 at 2:36 PM, the DON stated the one on one monitors were expected to sit next to the resident and keep the resident comfortable, and should be within arms' reach.</p> <p>During an interview with the Administrator on 4/23/12 at 2:03 PM, the Administrator stated his expectation of the one on one monitor was for the monitor to follow the policy of remaining within arms' distance of the resident.</p> <p>7. During an interview with an agency nurse #18 on 4/24/12 at 12:15 PM, the nurse stated she worked at the facility on the ventilator unit from 7:00 PM to 11:00 PM on 4/14/12 and it was her first time to work at the facility as an agency nurse. The nurse stated she received orientation to the unit and to policy and procedure books on the unit, but did not receive any inservice material on behaviors, monitoring, or any notice of new procedures. According to the credible allegation,</p>	{F 328}	<p>Certified Nursing Assistants (CNA) on:</p> <ol style="list-style-type: none"> 1) Resident Monitoring, including new admissions. 2) One-to-One Supervision 3) At risk vs Emergent behavior and appropriate staff actions when identified. 4) Pulse oximeter observations 5) Resident decannulation <p>working on the MSU that have not received the above training and education by May 9, 2012 will not be permitted to work until such re-education has been completed. Education and/or training will be provided at the beginning of their next scheduled shift, prior to providing resident care. The training will be provided by the MSU Unit Manager, House Supervisor, and/or DON at the beginning of each shift for persons that have not received the training, including agency staff. The above described training will be incorporated into the new hire orientation. New hires will not be permitted to provide resident care on the MSU until the training is completed. In addition to the above listed training the contracted Respiratory Therapist with IDT involvement began a didactic training course for MSU nurses that consists of 18 hours of training followed by competency testing on care of a ventilator patient. This training is being conducted a minimum of monthly for 6 months.</p> <p>4. The facility has developed and implemented new audit processes to access the effectiveness of the above plan related to supervision of residents with tracheostomies. (a) On a daily basis, the DON, Assistant Director of Nursing (ADON), MSU manager, or House Supervisor will review the 24 hour reports from the MSU to verify appropriate information is being communicated shift to shift and that respiratory therapy and</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 328}	<p>Continued From page 26</p> <p>training about physician notification, one on one supervision, resident monitoring continuous pulse oximetry and the 24 hour report process will be provided for each agency staff before beginning their shift.</p> <p>8. On 4/22/12 at 10:33 AM, the unit RN supervisor (#17) was interviewed. She indicated that emergent behaviors were when the resident is agitated, their vital signs were off, or acted strange. The unit supervisor said that the one-on-one supervision could be assigned to a nurse aide (NA) or a nurse. According to the credible allegation, emergent behavior was defined as pulling at the tracheostomy tube, climbing or attempting to climb out of bed, verbalization of respiratory difficulty or distress, objective or subjective signs of distress, heart rate elevation to abnormal levels for that resident, oxygen saturation levels below 85 % and resident handling or pulling at tracheostomy. The unit supervisor said, to do the one on one supervision, she would either pull a restorative aide from other halls, call a nurse aide or use one of the management team members to do. The supervisor indicated they can use agency nurses. According to the facility's credible allegation, the facility had 3 back up plan to ensure staffing is adequate. The supervisor or the staff coordinator will contact the Medical Specialty Unit (where tracheostomy and ventilator residents resided) staff that were not on duty or staffing agencies. If unable to locate staff by the previous two methods, then the facility will utilize on-call management staff.</p> <p>The unit supervisor said that at risk behaviors are when the resident is pulling at the tube,</p>	{F 328}	<p>nursing are collaboratively reporting changes in resident condition and incidents via the 24 hour report. (b) On a daily basis, the DON, Assistant Director of Nursing (ADON), MSU Manager, or House Supervisor will review the 24 hour reports from the MSU to verify that an SBAR form has been completed appropriately for each item entered.</p> <p>(c) On a daily basis, the DON, Assistant Director of Nursing (ADON), MSU Manager, or House Supervisor will observe shift to shift report to verify that information from the 24 hour report is being communicated to the on-coming shift nurse by the off-going nurse, (d) On a daily basis, the DON, Assistant Director of Nursing (ADON), MSU manager or House Supervisor will verify that the Pulse oximeters and resident monitor (15 minute check) documentation on the MAR has been completed by each charge nurse, (e) On a daily basis, the DON, Assistant Director of Nursing (ADON), MSU manager or House Supervisor will review the documentation and interventions and verify that the resident monitor (15 minute check) sheets are completed, (f) On a daily basis a Respiratory therapist will conduct an audit of Pulse oximeter bags, controls covered, and anti disconnect devices are in place. (g) On a daily basis M – F the Administrator (NHA) will review the staffing sheet for the prior day(s) to verify staffing ratios and per patient day (ppd) hours are met. The daily audits will continue for 30 days and then will be completed weekly unless concerns are identified in which case daily audits will continue until a time determined by the QA & A committee. The NHA/DON/Respiratory Therapy Director will report to the facility's Quality Assessment and Assurance (QA&A)</p>	

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 328}	<p>Continued From page 27</p> <p>attempting to pull out their vent and thrashing. According to the credible allegation, at risk behavior included restlessness, emotional distress, cognitive changes, weeping, objective and subjective signs of pain or discomfort.</p> <p>The unit supervisor said a modified one-on-one supervision is used when the resident does not need constant one-on-one. The staff could be seated near the resident's door. The staff could still observe the resident but not as close as if the staff were in the room. The unit supervisor said, " We do not have a person assigned to do a modified one-on-one supervision; it is the responsibility of the whole team." The unit supervisor said the staff will fill out the SBAR (situation, background, assessment, request) form when something abnormal is going on or when a resident decannulates themselves or pulls the vent off. The SBAR forms are kept in the resident's medical record after the physician is notified. According to the credible allegation, the modified one on one supervision was used when the resident had emergent behaviors at certain times of the day. The physician is responsible for ordering the modified one on one supervision with specific times when one on one supervision needed to be used. The physician will also write an order for resident monitoring (15 minute checks) during the time of the day when one on one is not being done.</p> <p>9. On 4/22/12 at 11:15 AM, the charge nurse (#5) was interviewed. The charge nurse said emergent behaviors would be behaviors leading to a life threatening situation. Some of the emergent behaviors are restlessness, trying to climb out of bed, fidgeting, and picking at their</p>	{F 328}	<p>Committee weekly with the results of the verification review of the above identified audits. Issues identified by the NHA/DON/Respiratory therapy director as a result of these audits will be reported to the QA&A Committee within one business day. The QA&A Committee will evaluate the effectiveness of the plan on a weekly basis, for 2 months and then every two weeks for 2 months, then monthly based on trends identified and develop and implement, additional interventions as needed to ensure continued compliance. On a weekly basis the Medical Director, Administrator, DON, Respiratory therapy Director, and MSU manager will meet to review the plan and ensure there are no issues with communication. Weekly the Administrator will report progress on the corrective action plan including any issues identified in the reviews with achieving or sustaining compliance to the governing board of the facility. The board will take any other actions they deem necessary based on the reports. Twice monthly, for 2 months, and then monthly for 2 months, the Vice President of Clinical Services will attend the facility QA & A meetings and provide input on plan effectiveness as well as ensure continued compliance. The Administrator is responsible for ongoing compliance.</p>		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 328}	<p>Continued From page 28</p> <p>tracheostomy. In this case, the physician would be notified and an every 15-minute check is initiated. If the behaviors continue or worsen, then the facility will initiate the one-on-one supervision. According to the credible allegation, when a resident is exhibiting emergent behaviors (trying to get out of bed), the resident will be put on one on one supervision.</p> <p>The charge nurse said that a nurse or NA can sit with the resident to do one-on-one. The charge nurse said she will rearrange staff in the building to meet the staffing need for one-on-one supervision. The charge nurse said she will pull from supplemental staff such as restorative aides or therapy to use for one-on-one supervision.</p> <p>The charge nurse said the modified one-on-one supervision was used for at risk residents who exhibited no restlessness or fidgeting but because of their diagnoses, they had the potential to be at risk. The charge nurse said modified one-on-one supervision is when a resident is checked every 15 minutes and staff do not need a physician order for it.</p> <p>10. On 4/22/12 at 4:00 PM the Respiratory Therapy Director was interviewed. The Respiratory Therapy Director said the 15-minutes check was used for residents that showed behaviors in the past that would put them in danger.</p> <p>11. Resident #2 was admitted to the facility on 3/23/12 following a hospitalization for acute respiratory failure due to a cerebrovascular accident on 2/9/12. His Minimum Data Set, dated 3/30/12 indicated the resident was receiving oxygen therapy, tracheostomy care and required</p>	{F 328}		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	
(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 328}	<p>Continued From page 29</p> <p>a ventilator. The assessment also indicated Resident #2 was cognitively intact.</p> <p>Review of the facility form titled, " SBAR " (Situation, Background, Assessment and Request) and dated 4/19/12 indicated at 2:30 AM Resident #2, " Disconnected himself from ventilator." The SBAR form indicated a Respiratory Therapy staff person put the ventilator back on, the physician was notified and the resident was on one-on-one observation by staff.</p> <p>At 7:15 AM on 4/19/12 the facility received an order to continue the one-on-one observation and to reassess when the resident was fully awake.</p> <p>Another physician order dated 4/19/12 (no time noted) indicated the current one-on-one observation was to be discontinued but, "Resume 1:1 (one-on-one) sitter tonight only from 10pm - 7am. Call (physician) in AM if any concerns (with) behavior " The order also indicated the resident was to receive Seroquel 12.5mg (an antipsychotic medication to treat acute agitation) at bedtime.</p> <p>Resident #2 was interviewed on 4/22/12 at 12:27 PM about what happened on 4/19/12. Resident #2 said, " I had a couple of episodes that bordered on psychotic. They told me on Saturday I was headed to Mexico." The resident indicated he had a stroke in February. He added, "The night after the Mexico episode they paid a guy to watch me sleep all night. That has been their response with these episodes - they have someone sit with me continuously for a while."</p> <p>On 4/22/12 at 4:05 PM the acting Director of</p>	{F 328}		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 328}	<p>Continued From page 30</p> <p>Nursing (DON) indicated she was called to Resident #2's room and was told he awoke, thought he was in Mexico and was pulling at his tracheostomy. The acting DON indicated she completed SBAR, called the physician and initiated the one-on-one observation. The nurse said, "In the morning he woke up and couldn't remember anything. In morning meeting we talked about it being the new medication he was taking. I talked to the doctor and he said do the one-on-one again that night from 10:00 PM to 7:00 AM to be sure he would be okay." The acting DON added that Resident #2 was on every 15 minute checks the remainder of the day until the one-on-one observation began again at 10:00 PM on 4/19/12.</p> <p>On 4/22/12 at 4:47 PM, Corporate Nurse #9 indicated the facility was unable to find the one-on-one documentation for Resident #2 on 4/19/12 for 2:30-8:00 AM or for 10:00 PM to 7:00 AM on 4/20/12. She said, " It looks like we failed to document on the new form for (Resident #2) on the 19th."</p> <p>During an interview on 4/22/12 at 4:56 PM Respiratory Therapist (RT) #8 indicated she had observed Resident #2 one-on-one on 4/19/12 from approximately 7:30 AM until 8:20 AM when the physician came in to see the resident. RT #8 indicated she had been inserviced about one-on-one observation and was aware of the documentation sheet but was not given a one on one documentation sheet that would have started at 2:30 AM. RT #8 said, " I didn't think about it."</p> <p>At 4:05 PM on 4/23/12 Corporate Nurse #9 indicated RT #10 and Nursing Assistant (NA) #11</p>	{F 328}			

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 328}	Continued From page 31 had also done one-on-one observation on Resident #2 on 4/19/12 but had not completed the one-on-one observation sheets. She also said both RT #10 and NA #11 had been inserviced to the sheet for one-on-one and it would have been her expectation that the one-on-one sheet would have been used for Resident #2 on 4/19/12. On 4/23/12 at 5:10 PM, RT #10 indicated she had been inserviced about one-on-one observation and sat by Resident #2's bed from 2:30 AM until approximately 7:00 AM on 4/19/12. When asked about the one-on-one documentation RT #10 said, "It slipped my mind. I sat by his bedside, but I didn't do the documentation." NA #11 was interviewed on 4/23/12 at 5:14 PM about the one-on-one observation documentation for Resident #2 on 4/19/12 from 10:00 PM until 7:00 AM on 4/20/12. NA #11 indicated he had been at the resident's bedside all night except for two 15 minute breaks during which time another NA sat with the resident. NA #11 said, " No one gave me a form to initial or anything." NA #11 indicated he was aware of the documentation for 15 minute checks but not for the one on one observations. The facility's Credible Allegation included, "The Resident Monitors and persons performing one-on-one supervision have received training on their duties and the documentation required on forms related for each of these activities."	{F 328}			
{F 353} SS=D	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or	{F 353}	No Plan of Correction is being submitted due to nothing was cited.		

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

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2012
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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 353}	<p>Continued From page 32</p> <p>maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	{F 353}			

3830 Blue Ridge Road
Raleigh, NC 27612

Blue Ridge Health Care Center



919.781.4900
Fax 919.424.4637

A Nursing and Rehabilitation Center

May 18, 2012

Jean Farley, RPH
NC Department of Health and Human Services
Division of Health Service Regulation
Nursing Home Licensure and Certification Section
2711 Mail Service Center
Raleigh, NC 27699-2711

Ms. Farley,

I am providing this addendum to our Plan of Correction at the request of DHSR to address any additional items in light of the corrected resident roster provided to Blue Ridge on May 8, 2012. This Plan of Correction is based on the cited deficiencies at a level J listed on the CMS-2567 from your visit on April 22-24, 2012. I hope you find this POC acceptable and that it covers all concerns noted on the CMS-2567. Please note that this POC has been submitted by May 18, 2012 as stated on your letter.

If you have any further questions, please do not hesitate on contacting me at (919) 781-4900.

Respectfully,

A handwritten signature in black ink, appearing to read 'Brian D. Joiner', with a long horizontal flourish extending to the right.

Brian D. Joiner LNHA
Administrator