

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

OCT 12 2012

PRINTED: 10/09/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2012
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NAME OF PROVIDER OR SUPPLIER HUNTER HILLS NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX BOX 8495 ROCKY MOUNT, NC 27804
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative 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: Based on facility record review and staff and family interviews the facility failed to notify the</p>	F 157	<p>Disclaimer Statement</p> <p>Hunter Hills Nursing and Rehabilitation Center acknowledges the receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Hunter Hills Nursing and Rehabilitaton's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute as admission that any deficiency is accurate. Further, Nash Rehabilitataion and Nursing Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michelle Baklanova TITLE: NHA (X6) DATE: 10/10/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>responsible party of a new wound and the progress of the wound for 1 of 3 sampled residents reviewed (resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 10/1/2008 and readmitted on 8/21/12. Her diagnoses included Alzheimer's dementia. Resident #1's minimum data set assessment revealed she was cognitively impaired. Review of the demographic information for resident #1 revealed family member #1 was listed as her responsible party (RP).</p> <p>Review of resident #1's medical record revealed a skin referral form dated 8/26/12 identifying a wound on her right lower extremity. Review of the nurse's notes on 8/26/12 revealed no documentation to support that the RP was notified.</p> <p>A skin assessment form dated 8/28/12 revealed the treatment nurse assessed resident #1's right lower extremity wound, notified the physician and received orders for treatment of the wound. A nurse's note on the skin assessment formed indicated the nurse attempted to contact the RP.</p> <p>Further review of the medical record revealed no further documentation to support that the RP was updated on the progress of resident #1's right lower extremity wound.</p> <p>Family member #1 was interviewed on 8/25/12 at 11:30 AM. Family member #1 indicated he was resident #1's RP. He said he was not aware resident #1 had a wound until approximately one</p>	F 157	<p>Responsible party of resident # 1 notified by Treatment Nurse on 9/12/2012 and Care Plan meeting held 10/3/2012 to discuss residents clinical condition to include wound progress by Interdisciplinary Team.</p> <p>RP Notification review completed for all residents with new wounds and residents with changes in wound progress by the DON on 09/28/2012 with notifications to RP's occurring as appropriate.</p> <p>All nurses to include the Treatment Nurse were inserviced regarding appropriate notification to RP of new wounds and any changes in wound progress by the SDC on 10/12/2012.</p> <p>The Treatment Nurse and /or Charge Nurses will notify RP of any new wounds or any changes in wound progress identified and document in the medical record as appropriate.</p>
			(X5) COMPLETION DATE 10/12/12

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F 157	<p>Continued From page 2</p> <p>week before she was hospitalized on 9/13/12. Family member #1 said he asked a nurse about the wound and was told it was a pressure area being cared for by staff. Family member #1 indicated he was never updated on the progress of the wound.</p> <p>Nurse #1 indicated on 9/27/12 at 2:30 PM she completed the skin referral form for resident #1 on 8/26/12. She said she did not notify the RP of the wound.</p> <p>The treatment nurse was interviewed on 9/27/12 at 3:45 PM. She indicated she received the skin referral form and assessed resident #1's right lower extremity wound on 8/28/12. She said she made an attempted to contact resident #1's RP and left a voicemail for him. The treatment nurse said she did not pass along to any other nurse that she had attempted to contact the RP for resident #1. She also indicated she did not make any further attempts to contact the RP of the wound or the progress of the wound.</p> <p>On 9/28/12 at 2:04 PM the Administrator and Director of Nursing indicated they expected the RP to be notified of any new wounds or changes in wounds. They both said that if an unsuccessful attempt was made to contact a RP they expected additional attempts be made until the RP was contacted.</p>	F 157	<p>A QI tool will be utilized by the DON and/ or Administrative Nurses to monitor appropriate RP notification for any new wounds or changes in wound progress weekly x 4 then monthly x 3 months with follow-up occurring as needed.</p> <p>Results of the audit will be forwarded to the facility QI Committee for monthly review to monitor for any identified trends, and to develop an action plan as indicated to determine the need for and/or frequency of continuing QI monitoring.</p>		