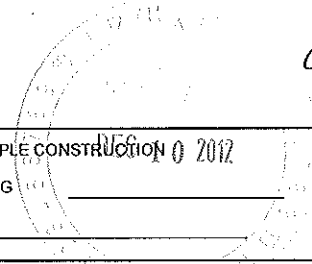


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/26/2012
FORM APPROVED
OMB NO. 0938-0391

Accepted



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345466	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/19/2012
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NAME OF PROVIDER OR SUPPLIER WILLOWBROOK REHABILITATION AND CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 333 EAST LEE STREET YADKINVILLE, NC 27055
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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
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 record review and staff interviews the facility failed to notify the resident's Responsible</p>	F 157		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Ima Bilal* TITLE: Administrator (X6) DATE: 12/5/12

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>Party/Legal Representative of the diagnosis of scabies and a need to begin a new treatment for the confirmed case of scabies. This was evident for 2 of 3 residents (Res. #2 & Res. #3) whose records were reviewed. Findings include:</p> <p>1. Resident #2 had Physician ' s orders dated 9/17/12 and 10/3/12 for Permethrin 5% Cream, apply per manufacturers instructions for treatment of scabies. The resident also had Physician ' s orders dated 10/25/12 for Ivermectin an oral medication, 0.2 milligrams per kilogram of body weight times 1 and repeat in 10 days.</p> <p>Review of the September and October Medication Administration Records indicated the resident received the Permethrin 5% Cream on 9/17/12. The Ivermectin was given on 10/28/12.</p> <p>A staff interview with the Assistant Director of Nurses (ADON) was conducted on 11/19/12 at 10:40 AM. When asked if the facility could show verification that the resident ' s Responsible Party/Legal Representative was contacted about the treatments, the Nurse stated, " I know we had a call list, but we cannot find it, and I cannot find it in the nurses notes. "</p> <p>The Nurses notes were reviewed from 9/17/12(the initial date of the outbreak and first treatment with Permethrin 5% Cream) through 10/28/12 (the date Ivermectin /the oral medication was started). There was no documentation found in the Nurses notes or the resident ' s medical record for Resident #2 to indicate the Responsible Party/Legal Representative was notified of the scabies outbreak, and the new treatments for the condition.</p>	F 157	<p>The Responsible Parties for residents #2 and 3 have been notified of the change of condition and new orders related their out breaks of scabies.</p> <p>Current residents are at risk for this deficient practice. Current resident charts have been reviewed with a look back of one month to ensure that all residents' responsible parties have been notified of any changes of condition and/or new orders.</p>	

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F 157	Continued From page 2 A family interview was conducted with the resident ' s Responsible Party/Legal Representative on 11/19/12 at 3:15 PM regarding whether the facility notified the family member about the scabies diagnosis and treatments for the resident ' s condition. The family member indicated, " I wasn't told anything. No one called and no one told me my mother had it." 2. Resident #3 had Physician ' s orders dated 9/17/12 and 10/3/12 for treatment of scabies with Permethrin 5% cream - apply per manufacturers instruction. The resident also had Physician ' s orders dated 10/25/12 for Ivermectin (an oral medication) 0.2 milligrams per kilogram of body weight times 1 and repeat in 10 days. Review of the Medication Administration Record for September and October 2012 indicated the resident received Permethrin 5% Cream as ordered on 9/17/12, and 10/3/12. The documentation also indicated the resident received Ivermectin 0.2 milligrams per kilogram of body weight on 10/29/12. The Nurses notes were reviewed from 9/17/12(the initial date of the outbreak) through 10/29/12 (the date Ivermectin was given). There was no documentation found in the Nurses notes or the resident ' s medical record to indicate the Responsible Party/Legal Representative was notified of the scabies outbreak and the new treatment for the resident's condition. A family interview with the resident ' s Responsible Party/Legal Representative was conducted on 11/19/12 at 3:30 PM regarding	F 157	Current licensed nurses have been re educated as to the policy and procedure for resident change of condition and requirement to notify responsible party. The Director of Clinical Services or designee will review the new incidents and new orders, and the 24 hour report during morning meetings and document on a monitoring tool that the documentation of the notification of the residents' responsible party is present daily x 4 weeks, 3x a week x 2 months, and then monthly x 9 months.		

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F 157	Continued From page 3 whether the facility notified the family member about the scabies diagnosis and treatment for the resident ' s condition. The family member indicated, " No one told me she had scabies." A staff interview with the facility Administrator, the Director of Nurses, and the Nurse Consultant was conducted on 11/19/12 at 4:00 PM. When asked what the expectation was for notifying the Responsible Party/Legal Representative of the residents ' condition and treatments, the staff indicated they knew it was important to call the Responsible Party/Legal Representative, but could not verify whether this had been done due to lack of documentation for Resident #2 and Resident #3.	F 157	The Director of Clinical Services will report the findings of the monitoring to the Quality Assessment/Performance Improvement committee monthly x12 months. The committee will review the findings to identify trending that indicates the need for further re education. Allegation of Compliance date will be set at 12/12/2012		