

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

PRINTED: 06/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345329	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2013
--	---	--	---

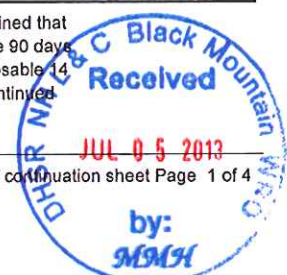
NAME OF PROVIDER OR SUPPLIER GATEWAY REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2030 HARPER AVE NW LENOIR, NC 28645
--	---

(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 318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, physician interview, staff interviews and resident interviews, the facility failed to provide physician ordered physical therapy for over two months for 1 of 4 sampled residents. Resident #3.</p> <p>The findings were: Resident #3 was admitted to the facility on 04/30/12. His diagnoses included chronic back pain, subacute cerebral vascular accident, and a spastic neuromuscular disorder for which he was being followed by a neurologist.</p> <p>Review of the neurologist consult notes dated 03/01/13 revealed the plan included medication changes and for Resident #3 to start physical therapy.</p> <p>A telephone order dated 03/01/13 included "PT (physical therapy) to evaluate & tx (treat)" which was transcribed by Nurse #1. This order was included in the 03/01/13 nursing notes written by Nurse #1. On 06/11/13 at 12:56 PM, Nurse #1 described the process of ensuring physician</p>	F 318	<p>This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by state and Federal law.</p> <p>F 318</p> <p>With regard to this alleged deficient practice, the facility has taken the following actions:</p> <ol style="list-style-type: none"> 1. Resident #3 suffered no harm. Resident #3 did receive therapy beginning on 5/24/13 thru 6/7/13. 2. All residents have the potential to be affected by the alleged deficient practice. An audit of all therapy orders was conducted from physician orders dated 2/1/13 thru 6/14/13 to assure all residents were receiving therapy as ordered. Based upon findings from the 6/14/13 audit conducted; no further issues were noted. All licensed nurses were reeducated regarding processing physician orders by the Director of Clinical Services between 6/20-6/21/13. To assure compliance all physician orders are reviewed by the Director of Clinical Services, Assistant Director of Clinical Services or Unit Manager in the Departmental Manager Meetings five times per week; Monday – Friday to assure all therapy orders 	7/9/13
---------------	---	-------	---	--------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Getta Madsen* TITLE: *Administrator* (X6) DATE: *7-3-13*

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.



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

PRINTED: 06/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345329	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2013
NAME OF PROVIDER OR SUPPLIER GATEWAY REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2030 HARPER AVE NW LENOIR, NC 28645	
(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 318	<p>Continued From page 1</p> <p>orders from a consult for therapy were followed as: the nurse reviewed the consult report, wrote a telephone order, completed a referral sheet for therapy, and either gave it to therapy staff or placed the referral form in their communication box. She stated she did not know what occurred after she did this.</p> <p>Review of the medical record revealed no evidence Resident #3 was evaluated or treated by physical therapy in March 2013.</p> <p>Resident #3 went to the neurologist again on 04/08/13. The consult report included more medication adjustments and to "Start PT (never got done after last visit)."</p> <p>Review of the medical record revealed a physician's telephone order dated 04/08/13 by Nurse #2 for the medication change but there was no physician's telephone order for physical therapy. Nursing notes written by Nurse #2 dated 04/08/13 also noted the neurology appointment and medication orders but did not mention therapy orders. On 06/11/13 at 11:31 AM, Nurse #2 stated that when a consult included orders for anything, he would clarify the orders with the attending primary care physician and once approved write a telephone order. Nurse #2 further stated that a referral for therapy orders would be completed and he normally hand delivered the referral to the therapy department. He could not recall specifics regarding the consult or orders for Resident #3 on 04/08/13.</p> <p>Review of the medical record revealed no evidence Resident #3 was evaluated or treated</p>	F 318	<p>received will be initiated. Therapy referral forms will be completed by the nurse receiving the physician order and the referral form will be given to the Therapy Department and a copy to the Director of Clinical Services. A response from the Therapy Director or Therapist regarding the residents' therapy plan of care will be received and reviewed by the Director of Clinical Services, Assistant Director of Clinical Services or Unit Manager within 3 business days from the date of the physician orders to assure the physician orders have been followed.</p> <p>3. The Director of Clinical Services, Assistant Director of Clinical Services or Unit Manager will complete a Quality Improvement Monitoring Tool by 7/9/13 noting physician therapy orders are being followed by therapy within 3 business days. The Quality Improvement Monitoring Tool will be completed 5 x weekly for 4 weeks, then 3 x weekly for 4 weeks, then 1 x weekly for 4 weeks and then 1 x monthly for 9 months.</p> <p>4. The Nursing Home Administrator/Director of Clinical Services will report the results of Quality Improvement Monitoring to the Quality Improvement/Risk Management Committee members monthly x 12 months to identify trends and needs for further education and/or monitoring.</p>	

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

PRINTED: 06/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345329	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/11/2013
NAME OF PROVIDER OR SUPPLIER GATEWAY REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2030 HARPER AVE NW LENOIR, NC 28645		
(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 318	<p>Continued From page 2 by physical therapy in April 2013.</p> <p>Resident #3's primary care physician note dated 05/08/13 referred to the recent neurology visit of 04/08/13 recommending physical therapy and medication changes. The note of 05/08/13 stated the primary care physician "will inquire with rehabilitation about physical therapy." A telephone interview on 06/11/13 at 1:02 PM with the primary care physician revealed Resident #3 had told him that the neurologist had wanted the resident to start physical therapy but the facility had not provided physical therapy. The physician stated he spoke with the physical therapist who stated therapy had been provided in the past with little improvement. The physician further stated he wanted physical therapy to work with Resident #3 again based on the neurologist's recent recommendation.</p> <p>A telephone order dated 05/08/13, written by the primary care physician, included a physical therapy evaluation. This was also noted in the nursing notes dated 05/08/13. Another telephone order dated 05/24/13 included a physical therapy clarification to provide services including therapeutic exercises, therapeutic activities, neuro re-education, gait training, patient education and discharge planning for 3 times a week for 2 weeks. Review of therapy notes revealed that therapy was not started until 05/24/13 and was provided for two weeks as ordered.</p> <p>According to the Minimum Data Set (MDS), a quarterly dated 06/05/13, Resident #3 coded 14 out of a possible 15 on the brief interview for mental status indicating he was cognitively intact.</p>	F 318			

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

PRINTED: 06/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345329	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/11/2013
NAME OF PROVIDER OR SUPPLIER GATEWAY REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2030 HARPER AVE NW LENOIR, NC 28645		
(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 318	<p>Continued From page 3</p> <p>Resident #3 was identified by the facility as being a reliable person for an interview. On 06/11/13 at 10:54 AM Resident #3 stated his legs were drawn up and he wanted therapy. He stated he just finished therapy which he got three days a week for two weeks and was going to start working with restorative nursing but that had not begun yet. On follow up interview on 06/11/13 at 12:13 PM, Resident #3 stated the neurologist kept writing the order for therapy down but the facility would not provide it. He then stated the two weeks of therapy really helped his legs.</p> <p>Interview with the physical therapist (PT) on 06/11/13 at 10:49 AM revealed that when a consult appointment resulted in a referral for therapy, the therapy department received a copy of the physician's telephone order. Follow up interview with the PT on 06/11/13 at 2:39 PM revealed there was no physical therapy evaluation before 05/24/13 for Resident #3. He recalled the primary care physician talking with the PT about the neurologist's recommendation for therapy and the PT told the physician to write an order for physical therapy. The PT stated that he recalled that he was backed up with therapy screens early in May and that was why the evaluation did not occur until 05/24/13. He could not say why therapy was not provided after the order dated 03/01/13.</p>	F 318			