STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345543	A. BUILDING _____ B. WING _____	C 08/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERMUDA COMMONS NURSING AND REHABILITATION CENTER	316 NC HWY 801 SOUTH ADVANCE, NC 27006

(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 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to transcribe and implement physician orders for durable medical equipment for 1 of 3 residents reviewed for respiratory care (Resident #1). The findings included: 1. Resident #1 was admitted to the facility 07/26/13 with diagnoses which included chronic respiratory failure, end stage chronic obstructive pulmonary disease, pulmonary hypertension, congestive heart failure, atrial fibrillation, and history of hypercarbia (the physical condition of having the presence of an abnormally high level of carbon dioxide in the circulating blood). A review of physician orders received from the acute care facility and dated 07/26/13 was reviewed. The orders contained instructions for a BPAP (a respiratory apparatus that delivers bilevel positive airway pressure) to be used 8 hours during the night An interview was conducted via phone with Nurse #2 on 08/08/13 at 3:58 PM. Nurse #2 stated she worked from 11:00 PM on 07/30/13 until 7:00 AM on 07/31/13. The nurse stated she was not aware Resident #1 was supposed to have a BPAP until 07/31/13. She stated she looked in the resident's room and did find a BPAP in a box	F 281	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F281 A. Corrective action for resident #1: Resident #1 is no longer a resident in the facility. Nurse #1 was counseled August 9, 2013 on obtaining and ensuring respiratory durable medical equipment (DME) is received and in working order. B. Identification of other residents who could be affected by this alleged deficient practice: All admissions and readmissions requiring respiratory DME have the potential to be affected by this practice. On August 9, 2013 an audit was conducted by the D.O.N. Admissions/readmissions for the last 3 weeks were reviewed to ensure all residents with orders for	8/15/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: John K Sutton — TITLE: Administrator — (X6) DATE: 8/28/13

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.

DHSR NRS Received Thru WRO AUG 30 2013 by: PAM

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F 281	Continued From page 1 sitting on a shelf in the room. An interview with the Supply Aide on 08/08/13 at 4:09 PM revealed she did order the BPAP after Resident #1's admission to the facility on 07/26/13. She stated the BPAP was delivered to the facility the evening of 7/26/13 after her scheduled work time. An interview was conducted with the Director of Nursing (DON) on 08/08/13 at 4:36 PM. The DON stated she was made aware by Nurse #1 on 07/31/13 that Resident #1 did not have the BPAP in use during the facility stay. She stated Nurse #1 admitted Resident #1 to the facility on 07/26/13. During her investigation, the DON stated she found that Nurse #1 overlooked the admission orders containing use of the BPAP at night. The DON confirmed the physician orders from the acute care facility did contain instructions for use and settings for the BPAP and were in the admission packet Nurse #1 received. The DON explained Nurse #1's signature on the original orders as reviewed indicated she found them correct. The DON stated Nurse #1 was not available for direct or phone interview. The DON stated the facility investigation of the incident centered on noting physician orders for durable medical equipment correctly. She added she was in the process of educating all nurses of a newly facility developed system of noting admission orders and ensuring they were correct. Continued interview with the DON was conducted on 08/09/13 at 1:45 PM. She stated her investigation concluded the BPAP machine orders were not contained in the facility's admission physician orders dated 07/26/13. She explained the facility nurses were unaware the	F 281	respiratory equipment or other durable medical equipment including bi-level positive airway pressure (BIPAP) or continuous positive airway pressure (CPAP) was available, functioning, in use according to the MD order and obtained promptly during residents' admission. The audit also verified that the MD orders were transcribed to the Medication Administration Record accurately. The audit revealed no discrepancies. C. Systemic Changes: The admission process includes notification of any equipment required for new admissions, contacting medical supply for delivery, upon arrival ensuring the equipment is functioning and reporting any issues to Central Supply Coordinator, D.O.N., or Administrator to replace the equipment when needed. The physician will be notified for further orders or instruction should any delay or problem occur with obtaining the equipment. The admitting nurse is responsible for transcribing BIPAP/CPAP orders to the MAR including settings, humidification as ordered along with notifying physician of any changes or condition or failure to	

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F 281	Continued From page 2 BPAP should be utilized throughout the night. The DON stated the nurse that admitted Resident #1 to the facility was Nurse #1. The DON added her investigation of the incident confirmed Nurse #1 found the BPAP on 07/29/13 and realized it was to be used for Resident #1. In assembling it, Nurse #1 found the humidifying piece was missing and informed the supply aide to order it. The DON acknowledged the humidifying part did come in that day on 7/29/13. She stated Nurse #1 could not find orders for the BPAP settings and waited until the Nurse Practitioner came in the following day to obtain the order. The DON explained after obtaining the BPAP settings and writing the instructions on the MAR, the use of the BPAP was not implemented on the evening of 07/30/13. The DON stated she expected nurses to correctly note resident physician orders and implement them accordingly.	F 281	have functioning equipment as ordered. The Admission check list includes a line referring to MD ordered DME equipment available and functioning and is completed by the admitting nurse during the admission process. The admitting nurse and Unit Director/designee will verify the equipment is present and functioning and initial the checklist. Additionally, the Central Supply Coordinator has been educated on the process to utilize the order form for BIPAP/CPAP machines indicating the type of machine, pressure settings, need for humidification and oxygen	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident interview, family interview and staff interviews, the facility failed to apply a prescribed skin cream for 1 of 3 residents (Resident #2) and to change oxygen tubing as ordered for 1 of 3 residents	F 309	therapy. This form is faxed to the medical supply company. Once the equipment arrives the assigned charge nurse on the shift of receipt will verify that the equipment is received. If partial or incorrect equipment is received, the charge nurse will contact the supplier and notify the physician and Unit Director or D.O.N. to follow up. All physician orders will be processed by the charge nurse. 3rd shift nurses will check telephone orders written in last 24 hours to ensure orders are implemented as ordered. This includes ensuring durable medical equipment (BIPAP, CPAP, Oxygen) are on the	

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F 309	Continued From page 3 (Resident #5). Findings included: 1. Resident #2 was admitted to the facility on 11/13/12 with diagnoses including paralysis agitans, failure to thrive and chronic kidney disease. Her most recent Minimum Data Set (MDS) dated 06/22/13 assessed the Resident with moderately impaired cognition with extensive one to two person assistance required for dressing, toilet use, personal hygiene and bathing. Resident #2 was coded as being at risk for pressure ulcers, and skin tears, with appropriate treatment and prevention measures in place. The MDS noted the Resident received anticoagulant medication all 7 days of the assessment period. Her care plan, dated 06/25/13 and personalized with use of first person pronouns, noted her risk for falls, need for assistance with activities of daily living (ADL) and risk of dehydration. A stated goal for anticoagulant therapy was "please use protective skin care with me because I bruise and sustain skin tears easily." Interventions for the problem of multiple skin tears included use of pressure reducing surfaces in the bed and chair, position changes, keeping the Resident's skin clean and dry, avoiding shearing and friction and using sleeves on her arms and legs to promote skin integrity. A review of Resident #2's medical record revealed a provider order dated 11/13/12 and current at the time of the investigation directing eucerin cream be applied to her entire body at bedtime. A review of the treatment record (TAR) binder for the Resident's hallway revealed a sheet placed inside a plastic page protector at the top of the binder which stated "FYI [for your information] - nursing staff on all shifts to apply all creams and	F 309	MAR and communicated to nursing staff. Equipment maintenance including tubing changes, equipment and filter cleaning will be scheduled and documented on the Treatment Administration Record (TAR) and signatures will be maintained in the front of the TAR. If orders are identified that have not been properly initiated then this will be corrected and noted on the 24 hour chart check form on the TAR. The 24 hour chart check form will be reviewed daily (M-F) by the Unit Director or D.O.N/designee to insure that the chart checks have been completed. The Unit Director, D.O.N./designee will also review any errors that the night shift nurse may have identified. These errors/omissions will be reviewed daily (M-F) during the daily clinical meeting and is attended by the D.O.N., Unit Manager, Support Nurse, MDS Coordinator, Wound nurse and other nursing staff as needed. This team will review the admission chart, discharge summary, admission orders to the facility, MD orders for respiratory DME and the completed admission checklist. Orders for BIPAP/CPAP medical equipment will be verified and functioning of equipment will be	

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F 309	Continued From page 4 do treatments pertaining to pericare. Thank you." TARs for Resident #2 from November 2012 to August 2013 revealed correct transcription of this order with the time code column noting the 3:00 PM to 11:00 PM shift. Documentation of application of eucerin cream was noted on one evening in November, 2012, on most evenings in January 2013 and on two evenings in March 2013. On 08/06/13 and 08/07/13 the word "lotion" was noted with no staff initials. No other documentation of application of eucerin cream was documented at any other time from 11/13/12 to 08/09/13. On 08/08/13 at 1:38 PM, Resident #2 was observed awake and lying on her bed. She was wearing white cotton tube socks that cuffed to her knees. The Resident stated she wore them because she bruised easily. On 08/08/13 at 4:42 PM, Resident #2 was observed awake and lying on her bed. The white cotton tube socks were off which revealed multiple bruises to her lower legs. A dressing covered her first and second toes on her right foot. The Resident stated her skin would easily tear and bruise. On 08/08/13 at 5:00 PM, Nurse #6 was interviewed. Nurse #6 stated the Resident's skin was paper thin and staff was encouraged to be gentle in turning her. Nurse #6 reviewed the TARs for Resident #2 for the months of May, June, July and August to date of 2013 and stated application of eucerin cream should have been documented and if refused by the Resident then a note should have been made. Nurse #6 stated she applied a lotion to the Resident but it was documented on the TAR.	F 309	recorded in the minutes of the daily meeting. Any issues identified will be reported to the Administrator for appropriate action. To ensure ongoing compliance, all new orders for BIPAP and CPAP equipment will be reviewed for proper transcription to the MAR/TAR at the daily clinical meeting (M-F). All nurses full time, part time/prn and the central supply coordinator were in-serviced on August 9-13 by the D.O.N. on the systemic changes and the admission/readmission process , transcription of orders, process for obtaining DME, BIPAP/CPAP assembly and ordering form, and documentation requirements on the MAR/TAR. Any nurses who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required in-service refresher course for all employees and will be reviewed by the Quality Assurance process to verify that the changes have been sustained. D. Monitoring to Ensure Compliance: A quality assurance monitoring tool for Respiratory DME will be completed by the Unit	

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F 309	Continued From page 5 On 08/08/13 at 6:20 PM the interim Director of Nursing (DoN) was interviewed. She stated her expectation that treatment orders from providers for specific shifts be provided on those shifts. On 08/08/13 at 6:30 PM the nursing unit manager (UM) was interviewed. She stated her expectation of staff to initial the TAR for orders completed and if a resident refused care then the initials were to be circled and a comment documented on the back of the TAR She stated application of eucerin cream as ordered was an important part to keep the Resident's skin supple and healthy. On 08/08/13 at 6:40 PM the UM and Nurse #6 were observed inspecting the unit treatment cart and the room it was locked in when not in use. They stated they could not locate any eucerin cream for Resident #2 on the treatment cart or in the room it was locked in when not in use. The UM and nurse #6 proceeded to Resident #2's room to locate any eucerin cream. Nurse #6 picked up from the bedside table a small container of non-medicated moisturizing lotion and stated this was the product she applied to Resident #2 the other night she worked. On 08/09/13 at 8:58 AM the UM was interviewed. She presented a jar of eucerin cream marked with the Resident's name in black ink. The jar was approximately 3/4 full. The UM stated the cream was found on a shelf in the clean utility room over the treatment cart. She stated she could not account for the lack of nurse initials on the Resident's TAR for the months of May, June, July and August to date of 2013.	F 309	Manager/Designee 5 x per week for 4 weeks then weekly x 4 weeks and will be reviewed by the Quality Assurance Committee weekly. The QA monitoring tool will be used to ensure all physician orders for respiratory DME has been obtained, functioning and in use per MD orders. Any issues will be brought to the attention of the D.O.N or Administrator for appropriate action and the D.O.N. will report weekly to the QA Committee and corrective action will be taken as needed. The weekly QA Committee consists of the D.O.N., Administrator, Staff Development Coordinator, Dietary Manager, Wound Nurse, MDS Nurse, Unit Director, Support Nurse, and Maintenance Director and the QA Committee will monitor for ongoing compliance. E. Completion date: 8/15/13	

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F 309	Continued From page 6 On 08/09/13 at 1:36 PM the family nurse practitioner (FNP) was interviewed. She stated she was familiar with Resident #2's care needs and that with bumps the Resident's skin would tear. She stated when the Resident was first admitted her skin was very dry and that the order for eucerin cream was still a valid order. The FNP stated her expectation that staff carry out her orders as written. She stated residents needed some type of moisturizing agent like eucerin cream for dry skin. On 08/09/13 at 2:30 PM the Wound Nurse was interviewed. She stated she was responsible for dressing changes and application of skin creams and lotions was the responsibility of the nurses. She stated she placed the sign in the front of the TAR binder reminding nurses to apply any ordered creams and lotions in corroboration with the UM and the DoN. She stated orders written at hour of sleep should be completed by nurses on the 3 to 11 PM shift. 2. Review of the facility policy titled Oxygen (O2) Administration with an issue date of 10/01/11 documented to change oxygen tubing per facility protocol. Resident #5 was admitted to the facility on 05/29/13 with diagnoses including history of aspiration pneumonia, chronic obstructive pulmonary disease (COPD) and chronic oxygen (O2) use. Her most recent MDS dated 07/13/13 coded the Resident with moderately impaired cognition. Resident #5 required extensive to total, two person assistance with most ADL. Her care plan, dated 05/31/13 and personalized with use of first person pronouns, noted "I require oxygen therapy". Interventions included	F 309	F309 Provide care/service for highest well being. A. Corrective action: Resident #5 had oxygen tubing changed 8/9/13 and continues to be changed weekly per policy. The eucerin skin cream for resident # 2 was applied to the entire body 8/9/13 at bedtime and the cream is labeled with the resident's name and is in the treatment cart. B. Identification of other residents who may be involved with this practice: All residents with creams and lotions or residents on oxygen have the potential to be affected by these alleged practices. An audit was conducted on 8/9/13 by the D.O.N. reviewing medical records and observations of oxygen equipment along with flow rates, machine functioning, and changing of tubing and dated per policy on residents receiving oxygen therapy. The audit also included residents with physician orders for creams or lotions ensuring those products were available with resident names on containers and that they were applied per orders and documented on TARS. Nursing staff were instructed by the D.O.N. on 8/9/13 on oxygen tubing changes weekly and applications of	8/15/13

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F 309	Continued From page 7 instructions to "change my tubing per protocol". Review of Resident #5's medical record revealed a hospital history and physical form dated 05/10/13 which noted the Resident normally had a chronic O2 requirement and a history of COPD. A hospital discharge summary dated 05/28/13 noted the Resident returned to the facility status post healthcare acquired pneumonia with aspiration for which she received antibiotics and steroids. A medical order dated 05/29/13 directed the Resident receive continuous oxygen (O2) at 2 liters/minute via nasal cannula (NC) and to change tubing every week on Tuesday by the 11:00 PM to 7:00 AM shift. A review of medication administration records (MAR) for the months of June, July and August, 2013 to date revealed correct transcription of this order. Initial blocks for this order were noted as blank for the Tuesdays commencing on 06/25/13 through 08/06/13. A provider's note dated 07/02/13 documented cough, congestion, low O2 saturation and a chest x-ray results of hyperinflation consistent with COPD. Provider orders dated 07/02/13 directed the administration of antibiotics and expectorant medications. On 08/09/13 at 9:47 AM Resident #5 was observed in her wheelchair with O2 NC prongs in her nostrils. The O2 concentrator was set at 2 liters/minute and a self stick paper label, attached to the cannula tubing at the hub connected to the concentrator, was dated 07/10/13. On 08/09/13 at 1:56 PM the family member of Resident #5 was interviewed. She stated the	F 309	creams/ lotions per MD orders. Staff were also instructed on the documentation required on Treatment Administration Records (TARS). C. Systemic Changes: MD orders for oxygen (O2) with liter flow will be transcribed to the MAR. The O2 change date will be transcribed to the TAR weekly on the night shift. MD orders for creams/lotions are also transcribed to the TAR. The charge nurse on the unit will be responsible for applying creams/lotions, ensuring availability of creams/lotions and documenting on the TAR. The night nurse on Tuesdays is responsible for changing and dating the tubing then documenting the tubing change on the TAR. Any resident identified as not having their tubing changed per protocol will have tubing changed, dated and reported to the Unit Director or D.O.N. for appropriate follow through and corrective action. To ensure ongoing accuracy, all new MD orders for creams/lotions and O2 therapy will be reviewed to ensure that transcribed creams/lotions and tube changes are noted on the TAR and reviewed at the daily clinical QA meeting (M-F). The daily clinical	

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F 309	Continued From page 8 Resident wore her O2 continuously and the self stick paper label on the NC tubing was dated 07/10/13. She stated she would have thought the facility would have changed the O2 tubing more frequently. On 08/09/13 at 2:55 PM the UM was interviewed. She stated facility policy was to change O2 tubing each week by a scheduled nurse on the 11:00 PM to 7:00 AM shift. Upon observing the self stick paper label on the NC tubing dated 07/10/13, the UM removed the label and stated the O2 tubing should have been change out each week. On 08/09/13 at 3:50 PM the interim DoN was interviewed. She stated her expectation of staff to change O2 tubing once a week on the 11:00 PM to 7:00 AM shift that commenced on Tuesday.	F 309	QA meeting is attended by the D.O.N., Unit Managers, Support Nurse, Wound Nurse, MDS Coordinator and other clinical staff as needed. All nurses, full time, part time/prn, were in-serviced 8/9/13 by the D.O.N. on O2 therapy, MD orders, transcription of creams/lotions and tube changes to the TAR, obtaining and labeling creams/lotions or tubing and documentation requirements. The Unit Dir/ Support Nurse or D.O.N. will be notified of any resident TAR having missing documentation of not receiving care as required and appropriate action will be taken. Any nurse who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required in-service refresher course for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. D. Monitoring: A quality assurance monitoring tool for application of creams/lotions and changing of O2 tubing by the night staff will be completed by the Unit Director/designee 5 X per week for	

(POC continued for 8/8/13-8/9/13 complaint survey, Bermuda Commons Nursing & Rehabilitation Center, provider # 345543)

4 weeks and then weekly X 4 weeks and is reviewed by the Quality Assurance Committee. The QA tool will be used to ensure all MD orders for cream/lotions are available and applied as ordered and documented on the TAR. Any resident on O2 therapy has had O2 tubing changed weekly and documented on the TAR. Any issues will be brought to the attention of the D.O.N. or Administrator and reviewed at the weekly QA meeting for appropriate action. The QA meeting is attended by the D.O.N., Administrator, Staff Dev. Coordinator, Dietary Manager, Maintenance Dir., Wound nurse, MDS Coordinator, Support Nurse and Unit Directors. Compliance will be monitored and ongoing compliance reviewed at the weekly QA meeting.
E. Completion date 8/15/13.