

REC 06 2013

PRINTED: 11/08/2013
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2013
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NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 600 MORVEN ROAD WADESBORO, NC 28170
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F 309 SS=E	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff, resident and physician interview and record review the facility failed to assess and monitor skin lesions of a resident with a skin condition, failed to treat a resident's open lesions, failed to consider alternative treatment options and consultation or specialty medical services when the skin condition did not improve or worsened, for 1 (Resident # 50) of 1 residents with a non-pressure ulcer skin condition. The findings included:</p> <p>The facility Wound Care policy revised 11/12 was reviewed and revealed: "wounds are assessed on occurrence or admission to the facility and weekly thereafter. Assessment documentation will include: " a) location of wound/ulcer b) etiology (cause) if known, c) stage if pressure ulcer, " d) size, e) appearance, f) presence and description of tunneling or undermining, g) exudate amount, color and odor, h) pain, i) treatment, and j) modifications in treatment plan if indicated.</p> <p>Resident # 50 was admitted on 12/18/09 with diagnosis including environmental allergies,</p>	F 309	<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 this 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>F 309</p> <p>1. Resident #50 received an evaluation at the allergy clinic on 11/7/13 & returned with orders for application of Eucerin Cream twice daily to affected area & instructions to wash clothing in mild detergent. Resident #50 was seen by the Dermatologist on 11/22/13. The Care Plan team, which included the Primary Care Physician & Responsible Party, explained to the resident that she should go for this visit. Resident agreed and went for the visit. Treatments were ordered by the Dermatologist & have been provided to the resident. Documentation by charge nurses in resident's medical record & TAR reflect this visit & the treatment orders. Resident's condition is resolving. She has a return appointment on 12/11/13 & has verbalized that she will attend. The Care Plan team will work with the resident to ensure that she goes. Any scheduled appointments that she may miss for any reason will be rescheduled until her condition is resolved. There are currently no orders from the resident's Primary Care Physician to utilize Psychiatric services to address the stress component of the resident's skin condition. An Interdisciplinary team meeting (MDS Coordinator, Social Worker, RN Supervisor) was held on 11/12/13 in the resident's room and included Resident #50 & Responsible Party (via phone call), at which time recommendations from the allergy clinic & Dermatologist were discussed & Resident #50's Care Plan was updated accordingly.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Steven K. Regue, RN* TITLE: Administrator DATE: 12/5/13

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.

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F 309	<p>Continued From page 1</p> <p>anxiety, cardio vascular accident, hypertension and osteoarthritis.</p> <p>An annual Minimum Data Set (MDS) assessment was completed on 9/16/13 and revealed Resident # 50 was cognitively intact. It also indicated she had hallucinations. According to the MDS did not have skin problems such as lesions other than ulcers, rashes and cuts. The MDS also revealed that Resident # 50 was independent with her personal hygiene and required supervision of 1 person for bathing.</p> <p>Review of the Nursing Notes from 3/1/13 - 4/23/13 revealed, in part that on 3/16/13 at 1:30 PM " while in shower Nurse noted several reddened area to her upper back when asked what happened pt (patient) stated ' my back itches really bad at times so I have to scratch. ' She also scratches the face, scabs are forming over the open scratches. " An entry on 4/19/13 at 10 AM indicated Resident # 50 had several scratches to her face, chest and back with scabs and that she complained of itching. The note also revealed Resident #50 was asked to rub instead of scratch the areas so she would not remove the scabs. A Nursing Note on 4/22/13 at 10 AM revealed the resident had multiple abrasions to her face, upper back and upper chest, her right lower leg and both hands and arms were red and complained of being itchy. The note also indicated Resident # 50 was advised not to scratch. The 4/22/13 3:50 PM Nursing Note indicated Resident # 50 was picking at her skin and was instructed not to pick and scratch. A Nursing Note on 4/23/13 at 3:30 PM revealed that a message was left with Physician # 1 ' s Office indicating Resident # 50 was Itchy and scratching. A 4/23/13 note at 7 pm revealed Physician # 1</p>	F 309	<p>F 309</p> <p>2. Because all residents identified with a skin condition have the potential to be affected by the cited deficiency, the Director of Nursing (DON) & RN Supervisors conducted a full house audit of all skin & if issues were identified associated documentation was reviewed to ensure appropriate assessments & interventions were in place, included on the Care Plan, & completed in accordance with the Wound Care policy.</p> <p>3. The DON & RN Supervisors provided inservice education to both licensed and unlicensed nursing staff. Education started on 11/11/13 completed on 11/21/13 & included: review of the Wound Care Policy; completion & documentation on the Medication Administration Record (MAR) of the weekly skin assessments by the charge nurse; if ongoing skin conditions are identified, the charge nurse will assess the resident, at a minimum weekly, & document results on the MAR & in the medical record until the condition is resolved.</p> <p>4. A weekly audit will be conducted by the DON & RN Supervisors of at minimum, 10% of all skin assessments & any associated medical record documentation to ensure accuracy. The audit will include assessments completed by first and second shift charge nurses. Results of the audits will be shared with the Administrator & DON weekly & reported to the Quality Assurance Performance Improvement (QAPI) Committee monthly. Auditing will continue for a minimum of 90 days at which time frequency of monitoring will be determined by the QAPI Committee</p>	11/21/13	

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F 309	<p>Continued From page 2</p> <p>was in to assess the resident and that there was a new order.</p> <p>Review of the Physician Telephone Orders revealed an order dated 4/23/13 from Physician # 1 for Doxepin (a medication used to treat depression and anxiety) 25 mg (milligrams) by mouth every 12 hours for neurodermatitis (chronic itching and scratching that can begin with something irritating the skin but can also be brought on by stress and anxiety; the constant scratching can cause the skin to thicken and appear leathery or scaly). There was no associated physician note for this order.</p> <p>The Care Plan last updated on 4/23/13 revealed a problem area that indicated, in part: resident needs monitoring of behaviors (picking skin). " (Resident # 50) presents with a diagnosis of neurodermatitis causing her to pick at skin creating open areas. (Resident # 50) utilizes an antidepressant for the tx (treatment) of neurodermatitis. " One of the goals for this Care Plan Problem Area was " will not present with any episodes of picking skin weekly over the next review. " The Interventions for this Problem Area were dated 4/23/13 and included.</p> <p>" discourage her from picking skin, encourage her to take showers as ordered to keep skin clear, apply hypoallergenic lotion to help decrease itching sensation, change linens as needed and encourage her not to place personal items or food on the bed with her, provide diversional activities such as magazines and books to read, linens to fold etc. to keep her from picking skin, reposition in bed "</p>	F 309			

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F 309	<p>Continued From page 3</p> <p>Review of the medical record from 3/1/13 - 10/24/13 revealed no orders or documentation regarding hypoallergenic lotion being applied to the resident ' s skin.</p> <p>Review of the Nursing Notes from on 4/24/13 at 4:35 PM revealed " On day of initial assessment 4/22/13 - I did not observe any bugs /pests on resident or on residents bed linens or bed. I spoke to CNA (Nursing Assistant) assigned to resident on this day. CNA did not observe any bugs on resident - nor did the housekeeper when cleaning resident ' s bed - scattered reddened skin scratched areas did not appear to be caused by an insect biting resident. "</p> <p>Review of the Medical Record from 4/24/13 - 10/24/13 revealed the following documentation regarding Resident # 50 ' s skin condition:</p> <p>A Nursing Note dated 5/21/13 at 9 AM - the resident had small open areas to her face and was picking at her face. The resident was encouraged not to pick but said she had bugs in her face. Physician # 1 ' s office was notified.</p> <p>A Physician ' s Telephone Order dated 4/21/13 from Physician # 1 for Neutrogena to wash with Neutrogena Rainbath Gel twice weekly on shower days (Monday ' s and Thursday ' s).</p> <p>A Nursing Note dated 5/24/13 at 3 PM - continues to have scratches to her face with scabs and complained that she was itching so she needed to scratch.</p> <p>A Nursing Note dated 5/24/13 at 10:10 PM - picking at bumps on face. Resident # 50 was asked not to do this but she continued to pick at</p>	F 309			

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F 309	Continued From page 4 her face. A Nursing Note dated 5/25/13 at 10:30 AM - " multiple areas to face that are red (with) scabs. Encouraged resident not to pick at face. Resident stated ' I ' m trying not to ' . " A Nursing Note dated 5/26/13 at 11 AM - " multiple red areas to face (with) scabs. Resident denies picking at face today. " A Nursing Note dated 5/27/13 at 10 PM - " has red spots on face and picking cannot be stopped. " A Nursing Note dated 5/28/13 at 2 PM - " continues to have open areas on face due to her scratching " A Nursing Note dated 5/31/13 at 11 AM - Resident # 50 was observed putting hand sanitizer on face and was advised not to do that. " Resident said ' this helps when the bugs come out, stops me from itching ' . " A Physicians Telephone Order dated 6/1/13 from Physician # 1 for Zyrtec (a medication used to treat allergy symptoms) 10 mg by mouth daily for seven (7) days (6/1/13 - 6/7/13). A Nursing Note dated 6/2/13 at 3 PM - indicated the Zyrtec medication was ordered for a cough and " areas on face where resident picks at intervals, no picking noted this shift " A Physicians Telephone Order dated 6/14/13 from Physician # 1 for Zyrtec 10 mg by mouth daily for thirty (30) days (6/15/13 - 7/14/13).	F 309		

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F 309	<p>Continued From page 5</p> <p>A Physician Note dated 8/21/13 and signed by the Attending Physician (Physician # 1) revealed the following documentation regarding the resident ' s skin condition " pt (patient) c/o (complains) itching ", " PE (Physical Examination): excoriation of skin. "</p> <p>A Nursing Progress Summary 8/22/13 at 10:30 PM - skin warm and dry and turgor within normal limits checked off under skin condition. Under the heading additional notes the following was written ' picks at skin receives Doxepin 25 mg given for this reason. "</p> <p>A Nursing Progress Summary 8/30/13 at 10:10 PM - skin warm and dry and turgor within normal limits checked off under skin condition, no skin problems indicated.</p> <p>A Medication Administration Record dated 9/6/13 - Indicated that the weekly skin assessment had been completed this day and a problem had been identified that was documented in the medical record.</p> <p>A Nursing Progress Summary 9/6/13 at 9:10 PM - skin warm and dry and turgor within normal limits checked off under skin condition, no skin problems indicated.</p> <p>A Nursing Note dated 9/8/13 at 10:30 PM - " Resident informed nurse of bugs under her skin. Resident states ' I pick them out and put it in this cup '. Resident showed small sized tray (no) bugs noted. Made resident aware that MD (Physician # 1) has been notified previously about this complaint. Resident states ' but they are going into my eye. Reassure resident that (no) bugs was under her skin or in her eye. "</p>	F 309		
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F 309	Continued From page 6 A Medication Administration Record dated 9/13/13 - indicated that the weekly skin assessment had been completed this day and a problem had been identified that was documented in the medical record. A Nursing Note dated 9/13/13 at 5 PM - " Nurse received call from Resident ' s (Family Member #1) pt called her stating to her that she (Resident # 50) had been scratching bugs off her skin and putting them in a cup in the bedside table. Nurse explained to (Family Member # 1) that (Physician # 1) had been treating resident for these episodes and that pt only had scratches on area that she can reach with her hands, (upper) back, shoulder, middle part of her back and the upper chest. " A Nursing Progress Summary 9/13/13 at 7:50 PM - skin warm and dry and turgor within normal limits checked off under skin condition, no skin problems indicated. A Nursing Progress Summary 9/20/13 at 10 PM - skin warm and dry and turgor within normal limits checked off under skin condition, no skin problems indicated. A Medication Administration Record dated 9/27/13 - Indicated that the weekly skin assessment had been completed this day and a problem had been identified that was documented in the medical record. A Nursing Note dated 9/30/13 at 2:50 PM - Family Member # 1 called and complained about Doxepin medication and the open areas on resident ' s skin and wanted Physician # 1 made aware. " No open areas noted on resident, stated	F 309			

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F 309	<p>Continued From page 7</p> <p>' Itch all over from these mites ' . " The Nurse was unable to reach Physician # 1.</p> <p>A Nursing Note dated 10/1/13 at 12:35 PM - Family Member # 1 called and requested Sinequin (Doxepin) be withheld for several days as she believed Resident # 50 was having side effects from it.</p> <p>A Nursing Note dated 10/1/13 at 2 PM - message left for Physician # 1 and the Nurse also requested antibiotic ointment to apply to the resident ' s scabbed over areas when she scratches off the scabs. O outcome from this notification was documented in the medical record.</p> <p>A Nursing Progress Summary 10/4/13 (no time indicated) - skin warm and dry and turgor within normal limits checked off under skin condition, no skin problems indicated.</p> <p>A Nursing Note dated 10/16/13 at 10 PM - " resident continue to c/o (complain) of bugs crawling on her, states ' these bugs are getting worse. I keep picking them out of my skin. ' Encourage resident to stop picking skin. Have reddened areas on top of neck. Told resident that Physician # 1 already been notified and is aware but Nurse will have her come in to take a look. Resident agreed. "</p> <p>A Nursing Note dated 10/18/13 at 12:55 PM - " (Family Member # 2) called and told this nurse that resident was stating she felt like the bugs was crawling on her. (Family Member) stated she has been doing this since she started that medicine for itching ' I ' m just scared she ' s going to scratch holes in her skin. I ' ve been</p>	F 309			

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F 309	<p>Continued From page 8</p> <p>looking up these side effects and I want her off it. (Physician # 2 who was on call for Physician # 1) called, awaiting return call. "</p> <p>A Physician ' s Telephone Order dated 10/18/13 from Physician # 2 (on call for Physician # 1) revealed: " hold Doxepin for now " and give Zyrtec 10 mg by mouth daily (a medication used to treat allergy symptoms) and solumedrol (a medication that reduces swelling, pain and allergic type symptoms) 125 mg intramuscular injection times 1 dose now. Bloodwork was also ordered including an Immunoglobulin E (IgE) test (part of an initial screen for allergies).</p> <p>A laboratory blood work report for Resident # 50, dated 10/18/13, for an IgE test revealed her IgE level was 149. According to the laboratory report a level over 100 was high (a sign of an allergic reaction). Physician # 2 (on call for Physician # 1) was made aware of the result.</p> <p>A Nursing Note dated 10/21/13 at 6 AM revealed Resident # 50 was complaining of bugs biting her and was digging in her skin. She also had red areas where she was picking.</p> <p>A Physician Note dated 10/22/13 and signed by Physician # 2 (covering for Physician # 1) indicated a new diagnosis of allergic dermatitis (a rash that can be itchy due to an allergic reaction) in addition to neurodermatitis.</p> <p>On 10/22/13 at 1:36 AM Resident # 50 was sitting on the side of her bed wearing sweatpants, a sweatshirt and a scarf. Her room was very warm and the heater near her bed was turned to low heat Resident # 50 had at least 4 blankets on her bed and bundled close to her. She stated</p>	F 309		
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F 309	<p>Continued From page 9</p> <p>that she was always cold in her bones and that she had to have the heat on and needed more blankets. Resident # 50 was observed to have 2 scabbed over open areas on her face at this time and her finger nails were approximately ¼ Inch long and jagged.</p> <p>On 10/23/13 at 11:30 AM Resident # 50 was observed sitting at the side of her bed. Her room remained warm and at least 4 blankets were on her bed. She had sweatpants and a night gown on. Resident # 50 ' s arms were visible and 3 scabbed over open areas were observed on her right arm. Resident # 50 said that mites were biting her and that they made bumps in her skin. She said that she would dig the mites out with her fingers and then showed a small (approximately 0.3 centimeter) open area on her right forearm that she said she had dug a mite out from earlier that morning. Resident # 50 then pulled the back of her nightgown down, away from her neck, to reveal her upper back and some other areas where she had to dig the mites out. On her upper back and the back of her neck she had multiple (more than 10) scabbed over, circular, open areas that were up to approximately 1.5 cm (centimeter) in diameter. Some of them were surrounded by reddened skin of up to approximately another 0.5 cm. Resident # 50 said she had told staff previously about the mites biting her and that the nurse and doctor had looked at her skin and told her that she didn ' t have any mites. Resident # 50 added she thought her skin should be tested for mites and that she did not know why " they aren ' t doing anything about it " .</p> <p>On 10/24/13 at 9:20 AM Nurse # 6, who did treatments, stated that the floor nurses were</p>	F 309			

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F 309	<p>Continued From page 10</p> <p>responsible for assessing Resident # 50 ' s skin condition, so she had not seen it for some time. Nurse # 6 added that she once did a visual inspection of Resident # 50 ' s skin for mites or bugs and did not see any, and there were no treatments being done for these areas. Nurse # 6 was asked to review and explain the 09/13 and 10/13 Behavior Symptoms and Psychoactive Medication (Doxepin) Monthly Flow Sheets for Resident # 50. She stated that the form was used to monitor whether or not Resident # 50 was picking at her skin. When asked why the flows sheets for September and October 2013 indicated zero picking behaviors each shift, when the nursing notes indicated otherwise, she stated that this was because at the time when the nurse went in the room to do that assessment and document it on the flow sheet, no picking behaviors were directly observed.</p> <p>During interview with Nurse # 5 on 10/24/ at 10:15 PM she indicated that Resident # 50 liked her room very warm and would get upset when any of her blankets were removed for washing. She also often refused her shower due to feeling cold in her bones. Nurse # 5 added that Resident # 50 had agreed to shower earlier that week so had just had a shower on Monday 10/21/13. Review of the Medication Administration Record (MAR) for 10/1/13 - 10/24/13 revealed that the Neutrogena Rainbath Gel was signed off as used on 10/7/13 and 10/11/13. According to Nurse # 5 (who worked on day shift) the evening shift Nurse was responsible for doing Resident # 50 ' s Weekly Skin Assessment. She explained that the Weekly Skin Assessments were documented in the MAR when they were done, as indicated by the Nurse ' s initials. Any problems or skin conditions noted during the skin assessment</p>	F 309		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/24/2013
NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MORVEN ROAD WADESBORO, NC 28170		
(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 309	<p>Continued From page 11</p> <p>were to be documented in the Nursing Notes according to Nurse # 5 and according to the instructions on the MAR.</p> <p>A Physician ' s Telephone Order dated 10/24/13 at 10:47 AM, from Physician # 1) revealed an order for Bactroban (an antibiotic) twice a day to all open areas and leave open areas open to air.</p> <p>On 10/24/13 at 1 PM Administrative Staff # 1 and the Nurse # 6 were observed talking to Resident # 50 about her skin condition. Resident # 50 said that she was itchy all the time because of the mites in her skin; she then pulled down her shirt from the back of her neck to show the open areas she had. With Resident # 50 ' s permission Administrative Staff # 1 lifted up the back of the resident ' s shirt to reveal multiple open areas (approximately 25 or more). After leaving Resident # 50 ' s room both Administrative Staff # 1 and Nurse # 6 acknowledged that the resident had more extensive open areas than they had been aware of. In addition, Administrative Staff # 1 acknowledged that she expected a thorough documentation of the resident ' s skin condition and wound characteristics and she further acknowledged that the existing documentation regarding Resident # 50 ' s skin condition had not met this expectation.</p> <p>A Nurses Note dated 10 24/13 at 1:55 PM revealed, in part, the following assessment of Resident # 50 ' s skin condition: Resident # 50 had a total of 65 " abrasions " ranging in size from 1.2 cm x 0.5 cm to 0.2 x 0.2 cm with 0.3 cm of redness around each abrasion. Of the 63 abrasions she had 36 to her upper back, 8 to her lower back, 2 to the back of her neck, 4 to her left buttock, 1 to her right hip, 4 to her right arm, 1 to</p>	F 309			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/24/2013
NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MORVEN ROAD WADESBORO, NC 28170		
(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)	(X6) COMPLETION DATE	
F 309	Continued From page 12 her left arm, 4 to her face, 3 to her lower abdomen, 1 to the top of her right foot and one behind her left knee. All the abrasions were scabbed over with no drainage and no odor. Resident # 50 also had a reddened perineal area and a flat red rash under her bilateral breasts. Telephone interview with Physician # 1 on 10/24/13 at 2 PM revealed that she felt Doxepin was the correct treatment for Resident # 50 however, while she was on leave, Physician # 2 changed the orders due to concerns of the new Responsible Party. Physician # 1 stated that Resident # 50 had neurodermatitis due to her stress about a family members illness and that it was not mites or an allergic reaction. When asked, Physician # 1 was not aware that Physician # 2 had also done an IgE test that showed a result indicating an allergic reaction. Physician # 1 said she was unaware of the result because she had just returned from leave and had not yet been in to review Resident # 50 's chart, which she planned to do the following day. She added that there could be various reasons for the high IgE level result that she would need to look into but then added that she would also refer Resident # 50 for a dermatology consult. Review of the Medical Record from 3/1/13 - 10/24/13 revealed no dermatology or psychiatry consults during this time.	F 309			
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater.	F 332			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/24/2013
NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MORVEN ROAD WADESBORO, NC 28170		
(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 332	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to ensure that medication error rate was 5% or below by not flushing the gastrostomy (G) -tube with water prior to administering the medications and by not administering the medications one at a time. There were 4 errors of 26 opportunities for error resulting in a 15.3 % error rate. Findings included:</p> <p>1 a. Resident #43 was admitted to the facility on 3/10/12 with multiple diagnoses including hypertension and Parkinson's disease.</p> <p>Review of the physician's orders revealed that Resident #43 was on Sinemet 25/100 mgs (milligram) three times a day for Parkinson's Disease and Lasix (diuretic) 20 mgs twice a day for hypertension.</p> <p>On 10/22/13 at 5:21 PM, Resident #43 was observed during the medication pass. Nurse # 4 was observed to crush the Sinemet 25/100 mgs 1 tablet and the Lasix 20 mgs 1 tablet and dissolved them in a cup with water. At 5:23 PM, Nurse #4 was observed to administer the dissolved Sinemet and Lasix via g (gastrostomy) tube. Nurse #4 was not observed to flush the g-tube with water before administering the medications.</p> <p>On 10/22/13 at 5:30 PM, Nurse #4 was interviewed. Nurse #4 stated that normally she flushed the tube with water before and after administering the-medications but she</p>	F 332	<p>F 332</p> <p>1. Resident #43's, Resident #14's, and Resident #8's Medication Administration Records (MARs) were reviewed by their Primary Care Physician, Dietician, Administrator, Director of Nursing (DON), & Consulting Pharmacist. The following recommendations were made for Resident #43, Resident #14, and Resident #8 by the Dietician & orders were changed to reflect these recommendations: follow protocol of 30mls of water after administration of each medication with continued water flushes & to monitor for any signs & symptoms of fluid overload & report to MD immediately.</p> <p>2. Because all residents receiving medications via g-tube have the potential to be affected by the cited deficiency, all MARs for residents with g-tubes were reviewed by the Dietician, DON, Consulting Pharmacist, & RN Supervisors to evaluate for appropriate medication schedule. In addition, the Dietician assessed g-tube water flush amounts & presented recommendations to each resident's Primary Care Physician. Each medication will be administered individually with a 30cc flush after each one unless clinically contraindicated by a Physician's order & supporting documentation in the medical record.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/24/2013
NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MORVEN ROAD WADESBORO, NC 28170		
(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 332	<p>Continued From page 14 acknowledged that she forgot to do it this time.</p> <p>1b. Resident #43 was admitted to the facility on 3/10/12 with multiple diagnoses including hypertension and Parkinson's Disease.</p> <p>Review of the physician's orders revealed that Resident #43 was on Sinemet 25/100 mgs (milligram) three times a day for Parkinson's Disease and Lasix 20 mgs twice a day for hypertension.</p> <p>On 10/22/13 at 5:21 PM, Resident #43 was observed during the medication pass. Nurse # 4 was observed to crush the Sinemet 25/100 mgs 1 tablet and the Lasix 20 mgs 1 tablet and dissolved them together in a cup with water. At 5:23 PM, Nurse #4 was observed to administer the Sinemet and Lasix which were dissolved in a cup with water via g (gastrostomy) tube. Nurse #4 was not observed to administer the medication separately one at a time.</p> <p>On 10/22/13 at 5:30 PM, Nurse #4 was interviewed. She stated that she normally crushed and dissolved the medications in a cup of water and administered them together and not one at a time.</p> <p>2. Resident #14 was admitted to the facility on 11/18/09. Diagnoses included dementia, old cerebrovascular accident, anemia and status post gastrostomy tube (G-tube) insertion.</p> <p>On 10/23/13 at 8:45 AM, Resident #14 was observed during medication pass. Nurse #2 was</p>	F 332	<p>F 332</p> <p>3. The DON & RN Supervisors provided inservice education to the Charge Nurses starting on 11/11/13 completed on 11/21/13. Education included the importance of involving Primary Care Physician, Dietician, & Pharmacist when determining g-tube medication administration requirements & orders.</p> <p>4. The Consultant Pharmacist & RN Supervisor will conduct weekly at a minimum, 2 observations on differing shifts & weekends of g-tube medication administration to ensure compliance with Physician orders. Results of this monitoring will be shared with the Administrator & DON on a weekly basis & with the Quality Assurance & Process Improvement (QAPI) Committee monthly. Monitoring will continue for a minimum of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.</p>	11/21/13	

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NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MORVEN ROAD WADESBORO, NC 28170		
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F 332	<p>Continued From page 15</p> <p>observed to pour the following medications into one cup and then administer them via the G-tube: 5 milliliters (ml) of calcium carbonate liquid 1250 milligrams (mg) per 5 ml, 5 ml of ferrous sulfate 220 mg per 5 ml and multivitamin liquid 5 ml.</p> <p>During an interview on 10/23/13 at 8:52 AM, Nurse #2 indicated medications given via G-tube could be mixed together unless the pharmacy posted an alert that there was a contraindication to do so.</p> <p>During an interview on 10/23/13 at 1PM, Administrative Staff #1 indicated the medical director approved the practice of mixing medications together for G-tube administration unless the pharmacy directed otherwise.</p> <p>3 Resident #8 was admitted 5/4/11. Diagnoses included dementia with agitation, status post cerebrovascular accident, diabetes mellitus, gastroesophageal reflux, anemia and status post gastrostomy tube insertion.</p> <p>On 10/23/13 at 9:10 AM, Resident #8 was observed during medication pass. Nurse #3 was observed to pour 15 milliliters (ml) of multivitamin liquid and 5 ml of ferrous sulfate 220 milligrams (mg) per 5 ml into one cup. The nurse then crushed the following medications and mixed them in another cup: Amaryl 1 mg, Calcium 600 mg with Vitamin D 400 mg, one Theratab, Zantac 150 mg and 2 Senna Plus tablets. Additionally, Nurse #3 opened a probiotic capsule and poured the contents in the cup with the crushed medication, then dissolved the mixture in water. The nurse administered the mixed medications from both cups to the resident</p>	F 332			

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NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MORVEN ROAD WADESBORO, NC 28170	
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F 332	Continued From page 16 During an interview on 10/23/13 at 9:26 AM, Nurse #3 said mixing medications was allowable unless the pharmacy advised otherwise.	F 332		
F 412 SS=D	During an interview on 10/23/13 at 1PM, Administrative Staff #1 indicated the medical director approved the practice of mixing medications together for G-tube administration unless the pharmacy directed otherwise. 483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by. Based on record review, policy review and interviews with resident, staff and dental office representative, the facility failed to ensure dental services were provided for 1(Resident #38) of 3 sampled residents. The findings included: A facility policy, reviewed July 2012, entitled " Provision of Dental Services " read in part, " The facility will assist residents in obtaining needed dental services including routine and 24-hour	F 412	F 412 1. Resident #38 is scheduled to be seen by the Dentist on 11/20/13. 2. Because all residents requiring dental services have the potential to be affected by the cited deficiency, these medical records will be reviewed to ensure appropriate assessment & intervention are in place & addressed in the Care Plan. The Director of Nursing (DON) & RN Supervisors will conduct a facility-wide audit of resident's dental services needs, to ensure appropriate assessment & referrals have been completed. All residents, regardless of payor source will be evaluated at the next scheduled dental clinic. Any resident with an emergent dental problem will be referred to outside dentist for care.	

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NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MORVEN ROAD WADESBORO, NC 28170		
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F 412	<p>Continued From page 17 emergency dental care. "</p> <p>Resident #38 was admitted to the facility on 12/15/08. Diagnoses included chronic pain, depression and hypertension. The resident was a Medicaid recipient and was cognitively intact. The admission Social Services form indicated the resident had dentures but would not wear them.</p> <p>Record review revealed an " Oral Health Progress Note " dated 3/11/09 indicating Resident #38 had upper and lower dentures and the upper denture did not fit well. The note revealed the resident wanted new dentures and the plan was to obtain financial approval and begin the process at the next visit. No further dental notes were in the record.</p> <p>On 10/22/13 at 9:58 AM, Resident #38 was observed edentulous. During an interview at this time, the resident stated she has 2 pair of dentures she cannot wear because they slip, and would like to see the dentist about this.</p> <p>During an interview on 10/24/13 at 8:58 AM, Nurse #4 acknowledged she was the liaison between the facility and the mobile dental service. When a resident was admitted, Nurse #4 obtained written consent from the resident or responsible party for dental services and sent it to the dental office. The dental office then scheduled visits. Nurse #4 indicated she did not monitor the provision of dental services and did not know why Resident #38 had no dental notes past 3/11/09.</p> <p>A telephone interview was conducted with a representative at the dental office on 10/24/13 at 9:05 AM. The representative indicated in May 2009 the office was informed Resident #38 was</p>	F 412	<p>3. The DON & RN Supervisors provided inservice training to all Charge Nurses, MDS Coordinators, & all licensed & unlicensed nursing staff. Inservice training started on 11/11/13 & was completed on 11/21/13. Training included: how to respond to dental concerns with notification to the Charge Nurse, Primary Care Physician, & Dental Liaison. The Dental Liaison schedules appointments with the Mobile Dental Clinic for residents to be assessed at the next scheduled visit or works with the facility Social Worker to arrange outside treatment if needed prior to Dental Clinic scheduled visit. All new residents are scheduled for a dental assessment during the Mobile Dental Clinics next scheduled visit unless resident or responsible party refuses. New admission list will be compared to the on-going resident list of who is scheduled to be seen during the next clinic visit to ensure all residents are captured. A spread sheet will be develop to track routine dental care needs of all residents.</p> <p>4. The DON & RN Supervisors will assess & evaluate all resident's with dental concerns on a weekly basis to ensure appropriate treatment & appointments are scheduled. Dental concerns will be identified through Minimum Data Set (MDS) review, verbal & 24 hour reports. The dental clinic visits the facility on a quarterly basis. Each new resident will be audited to ensure that they have been seen unless the resident/responsible party refuses these services. This audit will be conducted by the Dental Liaison a minimum of quarterly. Dental Liaison will notify DON if any resident has been missed & resident will be scheduled for the next visit. Results of this monitoring will be shared with the Administrator & DON on a weekly basis & with the Quality Assurance & Process Improvement (QAPI) Committee monthly. Monitoring will continue for a minimum of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.</p>	11/21/13	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/24/2013
NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MORVEN ROAD WADESBORO, NC 28170		
(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 412	Continued From page 18 on hospice and therefore ineligible for dental services. Consequently, her name was removed from the resident list. The representative added the resident would have been reinstated for dental services had they been made aware she was discharged from hospice. Review of old records revealed Resident #38 was started on hospice services 4/23/09 and discharged from hospice on 1/8/10. During a follow up interview with Nurse #4 on 10/24/13 at 9:58 AM, Nurse #4 indicated she did not notify the dental office when any residents started or stopped hospice.	F 412			



Anson Community Hospital Skilled Nursing Facility
Carolinas Healthcare System

December 5, 2013

Kathy Brazil, RN
Nurse Consultant
Division of Health and Service Regulation
Nursing Home Licensure and Certification Section
2711 Mail Service Center
Raleigh, NC 27699-2711

Dear Kathy Brazil:

Enclosed please find the revised Plan of Correction for the Standard-level deficiencies. This Plan of Correction contains the plan for correcting the specific deficiencies cited; efforts to address improving the processes that led to the deficiencies cited; the procedure for implementing the acceptable Plan of Correction for the deficiencies cited; a completion date for correction of the deficiencies cited; procedures for monitoring and tracking to ensure the Plan of Correction is effective and that the specific deficiencies cited remain corrected and in compliance with regulatory requirements; and the title of the person responsible for implementing the acceptable Plan of Correction.

Anson Community Hospital SNF is committed to compliance with the Centers for Medicare and Medicaid Services' regulations. Please contact me if you have any questions regarding this plan. I will be glad to discuss any adjustments which may be necessary.

Sincerely,

Doris Pegues
Administrator
704-694-9868

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345051	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2013
NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 500 MORVEN ROAD WADESBORO, NC 28170	
(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
K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type III protected construction and is equipped with a complete automatic sprinkler system.	K 000		
K 052 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052	The strobes on the "sun Flower" hallway of LBNC will be synchronized to flash in unison to prevent the possibility of potentially harmful frequencies.. The building has been toured during activation to check for any other instances where strobes are not synchronized with negative results.	Jan.8 2014
K 211 SS=D	This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/26/2013 the facility has a required accelerator installed on its dry pipe sprinkler system. The strobes on the "Sun Flower" hallway were not in sync during the testing of the fire alarm system. CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD	K 211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shous K. Regus RN TITLE: Administrator (X6) DATE: 12/13/13

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.

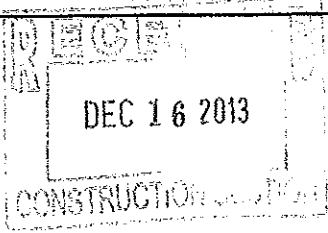
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NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 500 MORVEN ROAD WADESBORO, NC 28170	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 211	Continued From page 1 Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/26/2013 the facility has a required accelerator installed on its dry pipe sprinkler system. Alcohol Based Hand Rub dispensers are installed above the light switch at the Shower room and Tub room across from room 19. CFR#: 42 CFR 483.70 (a)	K 211	Alcohol based hand rub dispensers installed above light switches were relocated to provide greater than three inches of horizontal separation from light switches and other electrical devices at the two locations identified during the survey. A survey of the entire facility found no other instances of this deficiency. Plant Operations personnel have been instructed on the separation requirements of ABHR dispenser from electrical devices.	Nov. 29 2013

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345051	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ANSON CO HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2013
NAME OF PROVIDER OR SUPPLIER ANSON COMMUNITY HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 500 MORVEN ROAD WADESBORO, NC 28170	
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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type III protected construction and is equipped with a complete automatic sprinkler system.	K 000		
K 062 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/26/2013 the facility has a required accelerator installed on its dry pipe sprinkler system. This accelerator has a valve that is essential to the sprinkler system. This valve is not currently electrically supervised to protect the system against accidentally during the valve off. CFR#: 42 CFR 483.70 (a)	K 062	A tamper switch connected to the Fire Alarm System will be installed to supervise the position of the valve installed on the new accelerator. The accelerator valve was recently installed to correct a slow response during testing. This condition does not exist elsewhere in the facility. This oversight has been discussed with the vendor responsible for the modifications to this dry sprinkler system.	Jan. 8, 2014

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

TITLE

(X6) DATE

Louis K. Regier RN *Administrator* 12/13/13

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.