

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

PRINTED: 09/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/06/2014
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3532 DUNN ROAD EASTOVER, NC 28301		
(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 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation, and staff interviews, the facility failed to update the care plan with specific interventions attempted for a resident who was at risk and had continued falls (Resident #8). Findings included:</p> <p>Resident #8 was admitted into the facility on 1/10/14. Diagnoses included Osteoporosis and Cerebrovascular Accident (stroke). The quarterly Minimum Data Set (MDS) completed on 6/24/14 indicated Resident #8 had short and long term memory problem. Decision making was severely impaired. Extensive assistance of one person</p>	F 280	<p>1. Resident #8 could of been effected by this deficient practice. The facility/interdisciplinary team failed to complete/update in 7 days a comprehensive care plan after a comprehensive assessment with findings including a fall with new interventions was done. The facility will ensure that resident #8 has a comprehensive care plan completed/updated within 7 days after the completion of the comprehensive assessment; prepared by the interdisciplinary team, that includes,</p>	8/25/14	

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

TITLE

(X6) DATE

Electronically Signed

08/20/2014

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 280	<p>Continued From page 1</p> <p>physical assist was required with bed mobility and two persons with transfers. Falls was listed as one fall without injury and one fall with injury.</p> <p>The care plan identified Resident #8 was at high risk for falls related to a history of falls, unsteady gait at times, continuously walk when awake, and not aware of her needs due to impaired cognition. The care plan further revealed the following falls:</p> <p>1/31/14 fall without injury with no intervention for prevention specified 4/6/14 fall with skin tear with no intervention for prevention specified 4/20/14 fall without injury with no intervention for prevention specified 5/18/14 fall with laceration over left eyebrow with no intervention for prevention specified</p> <p>On 8/5/14 at 12:00 pm, Resident #8 was observed walking with a supportive ambulation device and required redirection periodically by the facility staff due to unaware of her surroundings.</p> <p>On 8/6/14 at 12:14 pm, Nurse #1 who participates in the development of the care plan for Resident #8 in the presence of Nurse #2 who oversee the care plan, reviewed the care plan and indicated she (Nurse #1) did not see specific care plan interventions for falls on 1/31, 4/6, 4/20 and 5/18/14. Nurse #2 stated she expected the care plan to reflect interventions or approaches implemented for the falls.</p>	F 280	<p>Dr.Fleming, attending physician, LaDean Hair,RN,QA,MDS, Toni Davis,LPN,MDS, and all other appropriate staff in disciplines as determined by the resident's needs, and to the extent practicable, the participate of the resident, the resident's family or the resident's legal representative. This care plan will include specific interventions and findings from the comprehensive assessment completed. The resident's care plan will include all specific interventions by 08/14/14</p> <p>2. All residents could of been effected by this deficient practice. The facility will ensure that all residents will have a comprehensive care plan completed within 7 days of all comprehensive assessments including all specific interventions. The facility's interdisciplinary team including Dr.Fleming, attending physician, LaDean Hair,RN,QA,MDS, Toni Davis,LPN,MDS, Belinda Holland,LPN,MDS, and other appropriate staff in disciplines as determined by the resident's needs,and, to the extent practicable, the participation of the resident, the resident's family or resident's legal representative will develop/update a comprehensive care plan within 7 days after the completion of a comprehensive assessment. All interventions will be specific and added or updated on the care plans by 09/03/14</p> <p>3. Toni Davis,LPN,MDS, Belinda Holland,LPN,MDS and LaDean Hair,RN,QA,MDS will be in serviced by</p>		

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F 280	Continued From page 2	F 280	<p>Caroline Horne,RN,Administrator that a comprehensive care plan must be developed/updated within 7 days after the completion of the comprehensive assessment, and all interventions must be included and be specific; prepared by the interdisciplinary team, that includes Dr.Fleming, attending physician, LaDean Hair,RN,QA,MDS, Toni Davis,LPN,MDS, Belinda Holland,LPN,MDS, and other appropriate staff disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. In serviced that resident #8 had a fall with new interventions that were not included on the care plan. In serviced that when a fall occurs and new interventions are put in place, The care plan must be revised/updated with these specific interventions included. This is to be completed by 08/06/14</p> <p>4. LaDean Hair,RN,QA,MDS will ensure on a continuous basis that all resients have a care plan developed/revised/updated within 7 days completion of a comprehensive assessment including specific interventions using new Quality Assurance form titled " Care plan Audit". This form is to ensure that a comprehensive care plan is developed/revised/updated within 7 days after the completion of a comprehensive assessment; prepared by the interdisciplinary team, that includes,</p>		

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F 280	Continued From page 3	F 280	Dr.Fleming, attending physician, LaDean Hair, RN,QA,MDS, Toni Davis, LPN,MDS, Belinda Holland, LPN,MDS and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative. The new QA form titled "Care plan Audit" is to be done on all current residents then to be done on a monthly on a ongoing basis and on any new residents admitted, and on any new comprehensive assessments. completed on 09/03/14		