STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345162	A. BUILDING ______ B. WING ______	C 05/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GASTONIA CARE AND REHABILITATION	416 N HIGHLAND STREET GASTONIA, NC 28052

(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 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 record review and staff interviews the facility failed to follow a physician order to change Peripherally Inserted Central Catheter (PICC) line dressing every week for 1 of 2 residents (Resident #1). Findings include: Resident #1 was admitted to the facility on 03/04/14 with diagnoses of stage four pressure ulcer buttock, methicillin susceptible staph infection in unspecified site, debility, paraplegia, chronic pain, long term use of anticoagulants, long term use of aspirin, depressive disorder, anxiety state, esophageal reflux, and hypopotassemia. A record review of Minimum Data Set (MDS) revealed resident #1 was cognitive. A record review of Resident #1's care plan dated 03/04/14 revealed an identified problem for infection related to catheter direct access to blood, right subclavian quad port catheter on admission. The goal identified resident was to have no signs and symptoms of an intravenous	F 309	The Plan of Correction is the Center's credible allegation of compliance. 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 the 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. 1. Resident #1 is no longer a resident at the facility. He was discharged on March 26, 2014 due to being admitted to Gaston Memorial Hospital from a scheduled physician's appointment. All residents in the facility have the potential to be affected by the cited deficiency, the Physician Orders, the Medication Administration Records (MARs) and the Treatment Administration Records (TARs) of residents who were identified as having a Peripherally	5/30/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 05/29/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345162	A. BUILDING ______ B. WING ______	C 05/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GASTONIA CARE AND REHABILITATION	416 N HIGHLAND STREET GASTONIA, NC 28052

(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

Continued From page 1

(IV) related complication (i.e. infection, redness, swelling, venous thrombosis, drainage, and/or fever, etc.). Interventions for resident #1 included change IV tubing every 72 hours if continuous, or every 24 hours if intermittent infusion. Change sterile transparent dressing 24 hours after insertion and then at least every week and as needed (PRN) contamination. Visually inspect IV site frequently each shift; note any bleeding, redness, swelling, pain or drainage. Gently palpate areas around and over site for tenderness, phlebitis, inflammation and infiltration every shift. Vital signs (VS) as ordered. Report any abnormal findings to physician. IV meds/flushes per physician order.

A record review of physician's order summary report dated 03/04/14 revealed change PICC line dressing every week with caps, every day shift, every Wednesday for PICC care.

A record review of the Medication Administration Record (MAR) dated 03/04/14 for the period of 03/04/14 thru 03/26/14 revealed there was no documentation to support PICC line dressing changes were performed as per physician order for Wednesday, 03/05/14, 03/12/14, 03/19/14, and 03/26/14.

A record review of nurse's notes dated 03/04/14 thru 03/26/14 revealed there was no documentation to support compliance of physician order to change PICC line dressing weekly on day shift every Wednesday.

Interview with Director of Nursing (DON), Assistant Director of Nursing (ADON), Registered Nurse (RN) Corporate Nurse, RN Unit Manager, and RN Staff Educator on 04/07/14 at 5:00 PM

F 309

Inserted Central Catheter (PICC) were reviewed on May 7, 2014 by the Assistant Director of Nursing (ADON) to ensure that the Physician's Orders were being followed and documented appropriately. The review revealed that the Physician's Orders were being followed and documented appropriately on the MARs and TARs. Thereafter, the ADON and the Nurse Educator (NE) have reviewed Physician Orders on a daily basis since May 8, 2014 to identify new orders for medication administration via PICCs to ensure that medication and treatment orders were processed and followed as ordered by the physician.

2. Licensed Charge Nurses were re-educated by the NE on 5/7/2014-5/13/2014, on the Policy and Procedure for Following Physician's Orders, Completing Documentation on the MAR and TAR in accordance with the MD orders. The Licensed Charge Nurses have been educated and re-eduacted by teh NE on 5/27/2014-5/29/2014, on completing a Central Line Dressing Change. The Licensed Charge Nurses have completed a checklist and successful return demonstration for a Central Line Dressing Change with the NE on 5/27/2014-5/29/2014. This education has been incorporated as part of the facility's educational Orientation process for newly hired Licensed Nurses and will continue to be a part of the facility's ongoing educational process for licensed nursing staff as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345162	A. BUILDING ______ B. WING ______	C 05/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GASTONIA CARE AND REHABILITATION	416 N HIGHLAND STREET GASTONIA, NC 28052

(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	Continued From page 2 revealed that they did not change the PICC line dressing for Resident #1 at any time since his admission. The DON verified that documentation was not present to support PICC line dressing or cap changes for Resident #1 during his stay at the facility. Further interview revealed that Nurse #1 was on duty and had the responsibility for changing the PICC line dressing that was ordered for day shift on Wednesdays every week for Resident #1 for the dates of 03/05/14, 03/12/14, 03/19/14, and 03/26/14. Telephone interview with Nurse #1 on 05/07/14 at 5:25 PM revealed that she did not change any PICC line dressings or caps for Resident #1 during his stay at the facility and further revealed she had never changed PICC line dressings or caps for any resident ever, "never-ever" . Interview with DON, ADON, and RN Corporate Nurse on 05/07/14 at 5:30 PM revealed that expectations of nursing staff are to follow physician's orders and document care provided.	F 309	3. The Licensed Medication Charge Nurses will exchange the Medication Administration Records every day starting on second shift on 5/8/2014 with each other prior to the end of each shift and audit the MARs and TARs for omissions due to non-documentation by the nurse(s). An audit tool will be completed each shift by the nurse auditing the MARs and TARs for ommissions and identified concerns will be addressed at the time of the audit starting on second shift on 5/8/2014. The Audit Tools completed by the Licensed Nurses will be audited by Nursing Administration daily. The Audit Tools completed by the Licensed Nurses will be audited by Nursing Administration daily for discrepancies. MARs and TARs of applicable residents will be reviewed at the Weekly Patient(s) at Risk (PAR) Meeting by the Interdisciplinary Team with the ADON, NE and Director of Nursing (DON) starting on 5/29/2014. 4. Audits will be completed daily times four weeks, then weekly times four weeks and randomly therafter starting on 5/28/2014 by the Unit Manager (UM), NE, the ADON and the DON. Identified discrepancies will be addressed and reviewed through the Quality Assurance Performance Improvement Process (QAPI) on a monthly and quarterly basis. Compliance will be monitored by the DON or designee.	