

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345533	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2015
NAME OF PROVIDER OR SUPPLIER THE CEDARS OF CHAPEL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 101 GREEN CEDAR LANE CHAPEL HILL, NC 27517		
(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 000	INITIAL COMMENTS	F 000			
F 334 SS=E	<p>Survey was started on 2/25/2015 and postponed and completed 3/2/2015 due to inclement weather in the survey area.</p> <p>483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's</p>	F 334		3/31/15	

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

TITLE

(X6) DATE

Electronically Signed

03/23/2015

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 334	<p>Continued From page 1</p> <p>legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to ensure that 4 of 5 sampled residents or residents' legal representatives were provided education regarding the benefits and potential side effects of the pneumococcal</p>	F 334	<p>This plan of correction is to serve as The Cedars of Chapel Hill's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by The Cedars of Chapel</p>		

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F 334	<p>Continued From page 2 immunization. (Residents #2, 11, 24, 27).</p> <p>Findings included:</p> <p>Review of the facility's immunization records revealed 4 of 5 sampled residents did not receive and/or were not educated on the pneumococcal vaccine. There was no documentation of the provision of education related to the vaccine.</p> <p>During an interview on 3/2/15 at 2:36pm, the DON (Director of Nursing) revealed that approximately three weeks ago, the facility's Nurse Consultant brought it to her attention that the immunization records for the pneumococcal vaccination were incomplete. At that time, she (DON) began the process of auditing the immunization records of all residents to check which residents had not received the pneumococcal vaccine as well as the education piece and had not signed a consent/declination form. The DON acknowledged there were no consent/declination forms or the educat provision in any of the residents' medical records. The DON revealed that she recently developed a pneumococcal education and consent form; and was updating the facility's Immunization Policy and Procedures. The DON indicated that she presented the first draft to the Medical Director for approval 2/24/15.</p>	F 334	<p>Hill or the management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility, nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>It is the policy of this facility to ensure that all residents and/or their legal representative, are offered, educated and given the opportunity to decline the pneumococcal immunization. It is also the policy of this facility to ensure any resident's medical record includes documentation indicating the aforementioned.</p> <p>What corrective action was put in place for residents identified as having been affected by this practice?</p> <p>Upon notification of noncompliance, DON provided education regarding the potential benefits and side effects of the pneumococcal immunization to Residents #2, 11, 24, 27 by 3/24/2015.</p> <p>How will other residents having the potential to be affected by this practice, be identified and what corrective action will take place?</p> <p>Any resident of the facility has the potential to be affected.</p> <p>On 3/13/2015, DON completed an audit of all resident medical records to confirm</p>		

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F 334	Continued From page 3	F 334	<p>if the resident has received the pneumococcal vaccine, as well as provision of education regarding the benefits and potential side effects of the pneumococcal immunization.</p> <p>All residents will receive education and will be vaccinated or have declination on record by 3/27/2015.</p> <p>ADON or designated Nurse will complete a second audit to ensure compliance. Any areas found to be in non-compliance will be corrected by 3/27/2015.</p> <p>What measures will be put in place to ensure the practice does not recur?</p> <p>The pneumococcal consent form and education materials will be included in the admission packet by 3/20/2015, and will be sent out annually thereafter.</p> <p>The pneumococcal vaccine policy was revised and amended by DON and Medical Director as of 3/17/2015.</p> <p>An education/in-service on pneumococcal immunization, and the updated facility policy will be held for all nursing staff and the interdisciplinary team by 3/27/2015.</p> <p>All resident records will be audited by Medical Records Coordinator and/or Licensed Nurse, 24 hours after admission to assure compliance.</p>		

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

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FORM APPROVED
OMB NO. 0938-0391

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F 334	Continued From page 4	F 334	How will corrective action be monitored? DON or designee will audit a random sample of 10% of resident records, monthly for 3 months, and then quarterly. All audits will be reported via QAPI.		