

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

PRINTED: 06/29/2015
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/17/2015
NAME OF PROVIDER OR SUPPLIER ANSON HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 405 SOUTH GREENE STREET 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 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to notify a resident ' s responsible party (RP) of a newly developed pressure area</p>	F 157		6/30/15	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
Electronically Signed					06/28/2015

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 157	<p>Continued From page 1</p> <p>for 1 of 2 residents (Resident #1) reviewed for pressure areas. Findings included: A review of the facility policy titled " Acute Condition Changes " dated as revised 2012 specifies that the nursing staff will contact the responsible party or designee of changes in skin condition. Resident #1 was admitted to the facility on 2/3/09 with cumulative diagnoses of dementia, cerebral vascular accident, congestive heart failure and dysphagia. The quarterly Minimum Data Set dated 3/6/15 indicated Resident #1 had severe cognitive impairments and required total assistance with all activities of daily living. A review of the medical record revealed Resident #1 developed an open area to the sacrum on 5/27/15 which had a history of previous tissue impairment. Interventions were in place and there was no evidence that care was not being provided to maintain the highest practicable level. The physician was notified and orders were obtained for the treatment of the newly developed area. A review of the wound assessment report dated 5/27/15 indicated that the RP was not notified of the newly identified pressure area. The report was completed by the treatment nurse. In an interview on 6/17/15 at 12:30 PM, the treatment nurse stated a nursing assistant discovered the area on 5/27/15. She recalled assessing the area and contacting the physician but forgot to call the RP. The treatment nurse stated she did not work the next 2 days (5/28 and 5/29) and Resident #1 was sent out to the hospital for an evaluation for a new onset of pneumonia. The treatment nurse stated normally she would contact the RP but on this occasion she did not. In an interview on 6/17/15 at 12:30 PM, the</p>	F 157	<p>Disclaimer Clause: Anson Health and Rehabilitation requests to have this plan serve as our written allegation of compliance. Our alleged date of compliance is 6/30/15. Preparation and/or admission to nor agreement by the Provider of the truth of facts alleged, or conclusion set forth on the statement deficiencies. This plan of correction is prepared and executed to ensure continuing compliance with State and Federal regulatory law.</p> <p>Corrective Action for those residents found to have been affected:</p> <p>The nurse that failed to notify the responsible party of Resident #1 regarding the change in the resident's skin was in-serviced and counseled by the DON (Director of Nursing) on 6/4/15.</p> <p>Resident #1's legal representative was notified of the change in condition of the resident's skin on 5/29/14 by the hospital staff while the resident was in the hospital to be evaluated for new onset pneumonia. The resident did not return to the facility and no other corrective action can be completed for this resident.</p> <p>Corrective Action for those residents having the potential to be affected:</p> <p>An audit was completed by the Director of Nursing on 6/4/15 of all residents with documented changes in skin condition to determine if the physician and responsible</p>		

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F 157	Continued From page 2 director of nursing stated the treatment nurse should have contacted the RP on 5/27/15 when the pressure area was discovered. In an interview on 6/17/15 at 1:25 PM, the administrator stated she expected the nursing staff including the treatment nurse to notify any RP of any changes in condition for any resident. The administrator stated the treatment nurse was counseled following the incident for not contacting the RP when the pressure area was discovered on Resident #1.	F 157	party had been notified of the change in condition. The physician had been notified of all changes in skin condition. Any resident's responsible party in need of notification was called by the treatment nurse in order to inform them of the change in skin condition All licensed nurses were in-serviced by the Assistant Director of Nursing (ADON) on 6/10/15 regarding the facility policy and procedure related to the notification of physician and legal representative in the event of significant change in the status of the resident, per the facility's policy and procedure. Measures put in to place or systemic changes made: All licensed nurses were in-serviced by the Assistant Director of Nursing (ADON) on 6/10/15 regarding the facility policy and procedure related to the notification of physician and legal representative in the event of significant change in the status of the resident, per the facility's policy and procedure. The ADON and/or designee will include information on the facility policy and procedure related to notification of the physician and legal representative in the event of a significant change of condition in the resident in the orientation of newly hired licensed nurses.		

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F 157	Continued From page 3	F 157	<p>Monitor:</p> <p>The DON and/or ADON/Nurse Managers will monitor the 24 hour nursing reports on a daily basis for two weeks, then randomly for four weeks and continue randomly for two more months to ensure physicians and responsible parties are notified timely of a significant change in condition of the residents, and review the documentation in the medical record. Licensed nurses identified as not following the facility policy and procedure related to notification of physician and legal representative will be inserviced and/or counseled as indicated.</p> <p>The DON will report monthly, for three months, the results of those audits, to the Quality Assurance Performance Improvement Committee (QAPI) for review and recommendations.</p>		